



Date **24/02/2022**  
Time **18:30 - 20:30**  
Location **Via Teams**

# Board Meeting

Maryhill Housing Association

## Board Action Tracker

### Board Meeting 29<sup>th</sup> April 2021

Item	Action	Lead	Latest update and anticipated completion date
12.3	BW advised it would be appropriate to review the other Retirement Housing Officer post over the next 12 months. TH agreed that this should be carried out to ensure that the Association was not paying too much for a specific role, and to ensure consistency.	<b>BW</b>	<p>This to be progressed once new Head of Service in post – target completed March 2022.</p> <p>January update: this is likely to be delayed due to planned sickness (operation) for one of the retirement housing officers.</p> <p><b>February update:</b> no further update.</p>

### Board Meeting 23<sup>rd</sup> August 2021

Item	Action	Lead	Latest update and anticipated completion date
10.4	RP advised that feedback from the ongoing Board review meetings suggested that members were keen for in-person Board meetings to recommence at some stage however they appreciated that there were still issues regarding the need for these to be COVID-safe. It was suggested that RP, PI and LF meet with BW and the incoming Performance & Governance Manager to discuss options regarding this and circulate these to the other Board members. RW advised that the new Performance & Governance Manager would not be in post until mid-October.	<b>DW</b>	<p>Corporate Team are currently seeking to book appropriate meeting space which would allow for physical meetings with 1 metre social distancing. It is hoped to secure venues for October Board meeting onwards.</p> <p>October Update: Booking has been confirmed for the Attic Room, Maryhill Burgh Halls. However, the IT connection has still to be tested to ensure that we can run an effective meeting and enable virtual attendance. This will be confirmed on 25<sup>th</sup> October.</p> <p>November update: Burgh Halls IT connectivity issue has still not been resolved. It is intended that Board meetings will return to in person from January 2022.</p> <p>January update: Due to current COVID restrictions we are unable to hold in person meetings. This will continue to be reviewed in line with government guidelines.</p> <p><b>February update:</b> Our first hybrid meeting was held in February. Feedback from this will be used to plan forthcoming in-person meetings.</p>

### Board Meeting 30<sup>th</sup> September 2021

Item	Action	Lead	Latest update and anticipated completion date
4.3	The Board requested a demo session on Teams Decisions ahead of the next Board meeting. RW to arrange this.	DW	<p>A demo session is scheduled for 6pm at the Burgh Halls ahead of the start of tonight's meeting (subject to IT connectivity testing as noted above).</p> <p>November Update: Decisions training will be postponed until this can be delivered at an in person meeting, hopefully January 2022.</p> <p>January Update: Decision training will be held as soon as we are able to hold in person meetings.</p> <p><b>February Update:</b> As per January update.</p>

### Board Meeting 28<sup>th</sup> October 2021

Item	Action	Lead	Latest update and anticipated completion date
13.3	The challenges presented by only having access to one screen during virtual meetings was raised and suggested that we might want to ensure that any new members have access to two screens.	DW	<p>A review of IT provided to Board Members will be undertaken as part of the planned upgrade to our current boardroom to make it more suitable for hybrid meetings in the future.</p> <p>January Update: It was agreed at board away day on 15/01/22 that each board member will be contacted to discuss their individual IT requirements. This will be completed before the end of February.</p> <p><b>February Update:</b> Contact has started to be made with Board members with the aim of completing full review by end of February.</p>

### Board Meeting 30<sup>th</sup> November 2021

Item	Action	Lead	Latest update and anticipated completion date
6.7	Board agreed to change the recommendation in the paper to note rather than approve Officer's intention to explore the option of an in-house void maintenance in more detail along with other options which are detailed in the shortlist. In addition, Board asked Officers to also consider options of partnering with another RSL and exploring potential for extending the current reactive repairs contract to cover void repairs.	JS	<p>This is being progressed and will be incorporated into the Board discussion around in-house services in February 2022.</p> <p><b>February update:</b> this session now proposed for 3<sup>rd</sup> or 10<sup>th</sup> March. Officers are confirming dates with Savills who are supporting this.</p>

Item	Action	Lead	Latest update and anticipated completion date
7.2	<p>The paper was reviewed and discussed, and the Board agreed the following:</p> <ul style="list-style-type: none"> <li>To extend the overarching objectives to include land purchases</li> <li>The strategic aims for property purchases as set out in the report.</li> <li>The strategic drivers for property sales, but that the Not improvable driver to be reworded “where investment work required to make a property fit for purpose would be uneconomical and would result in a property delivering a negative NPV”.</li> <li>The assessment process.</li> <li>Delegation for property purchases but decided that all sales proposals would come to Board rather than being delegated.</li> </ul>	RW	<p>January Update: the final Policy will come to February Board and will include these amendments.</p> <p><b>February Update:</b> As February is an Assurance Board, it is proposed to bring this policy to the March Board</p>


### Board Meeting 31<sup>st</sup> January 2022

Item	Action	Lead	Latest update and anticipated completion date
6.3	The Board asked that next year’s report provided a breakdown of response rates by customer demographic information where possible.	JS	<b>February update:</b> Further analysis of the consultation will be carried out next year to compare the demographic information of those who responded to the wider tenant demographic information.
6.5	The Board agreed that there is no need to review the rent structure this year but asked that this be kept under consideration for future years.	JS	<b>February update:</b> The Board will be asked annually as part of the customer consultation and feedback process to consider whether the rent structure should be reviewed.
7.2	Board asked that that the wording of 3.6 of report be amended to replace ‘vague’ with ‘broad’.	BW	February update: Report amended. <b>PROPOSED FOR CLOSURE</b>
7.6	Board asked for clarification as to whether we would be eligible for HAG funding for CPO, acquisition, and demolition costs. BW confirmed that we only have verbal confirmation that it would be eligible, however, officers will continue to try and secure commitment that HAG will be payable.	BW	<p><b>February update:</b> No written confirmation of HAG has been received at the point of writing.</p> <p>The CPO did not go to GCC Committee as planned because the lead officer in GCC has left the council.</p> <p>Maryhill officers will continue to press GCC to progress the CPO.</p>

Item	Action	Lead	Latest update and anticipated completion date
8.2	The Board asked whether there would be scope to bring forward acquisition of the sites in the TRA ahead of developing out the site. Officers confirmed that consideration will be given to this when a separate paper comes to Board about North Maryhill TRA for consideration later in the year.	AMcA/BW	<b>February update:</b> this is included as a recommendation in the TRA report which will be considered by the Board when the Chair returns from her leave of absence in late March/early April.
9.4	The Board approved the Sustainability Strategy Principles based on changing the wording in section 3.2 to “while pursuing ways of doing this”.	RW	<b>February Update:</b> This will be taken into account when developing the Sustainability Strategy document following appointment of the sustainability consultant.
10.2	The Chair asked for volunteers for the interview panel for Board recruitment. PI volunteered to be part of this.	Board Members	
10.3	It was noted that for future governance reports, it would contain an overview of what Board members are currently involved in as Officers are aware that everyone is very busy.	RW	February Update: this is now included in the Governance Report as a standing item. <b>PROPOSED FOR CLOSURE</b>
10.4	BW provided a verbal update on a potential incident that may be RIDDOR reportable which occurred on 26/02/22. BW will update Board at the February 2022 meeting.	BW	It has been confirmed that this incident is not RIDDOR or Scottish Housing Regulator reportable. <b>PROPOSED FOR CLOSURE</b>

**Key:**

AM:	Alistair McArthur	JS:	Jennifer Simon	MM:	Marie Murphy
BW:	Bryony Willett	KF:	Karen Fee	RW:	Rebecca Wilson
CB:	Carol Bain	JR:	Joanne Reid	DW:	Debbie Watt

<b>REPORT TO:</b>	<b>Board</b>	
<b>DATE OF MEETING:</b>	<b>24th February 2022</b>	
<b>AGENDA ITEM:</b>	<b>7</b>	
<b>CONFIDENTIALITY:</b>	<b>Non-Confidential</b>	
<b>AUTHOR:</b>	<b>Marie Murphy/Bryony Willett</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Bryony Willett, CEO.</b>	

## **REPORT TITLE: Remote Working Policy**

1.1 The purpose of this paper is to introduce the new draft Remote Working Policy which would provide the framework for Maryhill Housing's approach to remote working from April 2022.

## **2. RECOMMENDATIONS**

2.1 The Board is asked to:

- **Approve** the new Remote Working policy.

## **3. EXECUTIVE SUMMARY**

3.1 Maryhill Housing has been working to develop a remote working policy and approach. The COVID-19 pandemic has shown working remotely is achievable, and for many employees, desirable on a sustained basis.

3.2 Staff have contributed to the creation of the draft policy through various means, for example:

- Pulse surveys – to ask the team about how much they would like to work remotely and some of the positives and negatives.
- The formation of a staff working group who worked with Transforming HR (a external company) to develop the proposed Corporate Guidance on Effective Remote working
- Staff workshops to discuss the proposed culture underpinning our approach to remote working
- Staff workshops to discuss barriers and solutions to the proposed approach to remote working

3.3 The proposed Remote Working policy is at Appendix A. It is new to Maryhill Housing, and it covers:

- Who the policy applies to.
- The principles underpinning the Association's approach to remote working.
- How performance will be managed under the policy.
- Health and safety when working remotely.
- What will happen if the policy is breached.

3.4 The introduction of a Remote Working policy requires amendments to several existing policies to ensure they complement the proposed new way of working. These are to be approved by the

Senior Management team. It also involves the development of new additional procedures to support remote working in Maryhill Housing.

- 3.5 The policy went out for staff consultation on 25 January 2022 and was also sent to Unite the union. At the time of writing this paper there was no feedback received from staff. However, a verbal update will be provided at the Board meeting should there be any feedback received before the consultation deadline of 24 February 2022.
- 3.6 Overall feedback from staff participation that has already taken place has been quite positive. Staff consider it to be an effective approach of balancing effective and efficient service delivery as well as allowing for staff to achieve a more balanced and positive work life balance.

<b>IMPLICATIONS OF THE REPORT</b>	
<b>FINANCIAL RESOURCE AND VALUE FOR MONEY:</b>	<p>The key cost associated with flexible working is purchase of equipment and IT support. The cost of this equipment for existing staff has been met from existing 2020/2021 and 2021/2022 budgets. Supporting staff to work remotely does require more IT support time and it is proposed to extend the current IT Assistant post to allow time for staff members to up skill. This proposal is covered elsewhere on the agenda.</p> <p>Unlike other businesses, for example renting large office spaces that could be reduced, increased remote working does not offer a financial saving for the Association as we wholly own our offices.</p>
<b>LEGAL/ REGULATORY/ NOTIFIABLE EVENTS/RULES:</b>	<p>The policy has been created with consideration of GDPR regulations and Cybersecurity requirements. This is to ensure appropriate security is followed to protect Maryhill Housing’s data and maintain confidentiality. The IT Acceptable Use Policy confirms the expectations on maintaining the safety of Maryhill Housing information and equipment. Additional security measures have already been put in place to protect Maryhill Housing data and this is an area that will continue to be monitored and reviewed in line with the Remote Working policy and approach.</p> <p>Working Time Regulations (WTR) in a remote working environment will need consideration. Maryhill Housing has a legal responsibility to ensure staff are not breaching the WTR 48-hour rule.</p> <p>The Remote Working policy ensures that Maryhill Housing discharges its statutory duty of care for the health, safety and wellbeing of staff as required by the Health and Safety at Work etc. Act (1974).</p> <p>The Flexible Working Regulations (2014) ensures the right to flexible working is still a statutory right irrespective of Remote Working practices in place.</p>
<b>CORPORATE PLAN/STRATEGIC OBJECTIVES:</b>	<p>Developing the Remote Working policy is a Delivery Plan objective for 2021/2022.</p>
<b>CUSTOMER/TENANT PARTICIPATION:</b>	<p>Customer feedback from the Customer Satisfaction Survey 2021 was used to feed into the proposed Remote Working Policy.</p>

	<p>Each team within Maryhill Housing will develop a Team Charter which will set out how each team will meet customer expectations whilst working remotely.</p> <p>There are no plans to reduce the service offer for customers, e.g., reducing office opening hours.</p>
<b>COMMUNICATIONS:</b>	<p>The proposed Remote Working Policy has been developed following comprehensive consultation with the staff team. This has included:</p> <ul style="list-style-type: none"> <li>• 3 Pulse surveys – to ask the team about how much they would like to work remotely and some of the positives and negatives.</li> <li>• The formation of a staff working group who worked with Transforming HR (a external company) to develop the proposed Corporate Guidance on Effective Remote working</li> <li>• Staff workshops to discuss the proposed culture underpinning our approach to remote working</li> <li>• Staff workshops to discuss barriers and solutions to the proposed approach to remote working</li> </ul>
<b>HEALTH AND SAFETY:</b>	<p>The Remote Working policy ensures that Maryhill Housing discharges its statutory duty of care for the health, safety and wellbeing of staff as required by the Health and Safety at Work etc. Act (1974).</p> <p>Maryhill Housing has a duty to protect the wellbeing of staff, and this was considered through the “Wellbeing while working Remotely” project with an external agency Transforming HR. This feedback was incorporated into the creation of the Remote Working policy.</p>
<b>ENVIRONMENTAL:</b>	<p>There are no implications</p>
<b>EQUALITY IMPACT ASSESSMENT:</b>	<p>An Equality Impact Assessment has been drafted for this policy (see Appendix B)</p>
<b>RISK ANALYSIS:</b>	<p>The key risks associated with this policy are:</p> <p>Data Breaches: The Association needs to mitigate the risk of any form of data breaches with staff working remotely. This includes the storing and management of Maryhill Housing data and equipment.</p> <p>Performance Management: The Proposed remote working policy involves shift from managing attendance to management performance. The Association will mitigate this risk by developing a clear performance management framework to support this.</p> <p>Customer Service: There is a risk that flexibility for staff is given precedence against service for customers. The Remote Working Policy, and associated Team Charter process, aims to mitigate this risk by clarifying that the needs of customers and the business need to come first. The Remote Working Policy is also clear that remote working is a privilege not a right.</p> <p>Employee wellbeing: There is a risk that some staff members will drift into working all of the time, because they can work at any time. To mitigate this risk effective workload discussions will be held in all team 1-1 sessions.</p>

## 4. Background

- 4.1 In March 2020 Maryhill Housing was cast into the world of remote/home working due to the Covid-19 pandemic. It resulted in the creation of new processes and procedures to help the Association adapt to this new way of working. Two years later Maryhill Housing along with organisations across the world are aiming to create a working culture that meets the needs of our customers and delivers high quality service as well as offering flexibility to staff to enable new ways and methods of working.
- 4.2 Maryhill Housing has been working to develop a remote working policy and approach. To effectively implement an efficient remote working policy and culture feedback was received from various channels; staff working groups, all staff workshops, Customer Satisfaction survey results and the Senior Management team. The Association has also learnt from good practice examples inside and outside of the sector. This allowed for the development of the following pillars which underpin our approach to remote working:
- **Corporate Guidance.** This sets out practical guidance and rules that all staff must follow to ensure as an organisation we work remotely successfully.
  - **Team Charters.** These will be team specific, and they will set out how each team will meet the needs of customers, the business and their colleagues whilst working remotely.
  - **Clear role expectations.** This will facilitate the transition from focusing on inputs to outputs and outcomes.
  - **Wellbeing approach.** This will ensure that staff are supported and empowered when working remotely to take ownership of their own wellbeing.
- 4.3 The Remote Working policy is a part of a wider programme of work to develop our approach to remote working, and to up-skill our staff and managers around effective remote working. Maryhill Housing will review our performance management approach and provide internal management development to ensure the needs of our customers are met in a remote working environment. The aim is to promote a culture of flexibility measured by outputs in terms of delivery of an excellent service. Maryhill Housing want to move away from a time bound inflexible way of working and promote more customer focussed ways of working that may not always fit within the standard 9-5.
- 4.4 To understand how operations will work in practise based on the specifications set out in the policy, the IT team have volunteered to pilot this new flexible approach. This will allow valuable feedback to be provided around the benefits of the new approach. It will also identify any pitfalls or barriers that need to be managed or resolved before the planned go live date of April 2022.

## 5. Consultation

- 5.1 The draft Remote Working policy requires approval from the Board following consultation with Senior Management Team, staff and the union, Unite. The period of consultation with staff and Unite the Union is due to end at 12 noon on Thursday 24 February 2022. At the point of writing this paper no feedback had been received. A verbal update will be provided on the night if any additions are to be included.

5.2 The Remote Working policy follow a three-year cycle of review moving forward (as per the Policy Schedule). It will also link into the feedback from our future Customer Satisfaction surveys, to ensure we are continuing to meet the needs of our customers.

## **6. Implementation**

6.1 The Policy is planned to be implemented from April 2022. Elements of the policy, for example flexibility around when to work, will be phased in over a two-year period as some staff may choose to continue with the current flexi-leave system which requires recording time worked. This option will be available to existing staff until April 2024.



<b>Title</b>	<b>Draft Remote Working Policy</b>
<b>Purpose</b>	The purpose of this policy is to set out the Association’s approach to staff working remotely.
<b>Scope</b>	<p>The Remote Working policy will apply to all staff in principle, although some elements of remote working will not/may not be available to some roles e.g., Neighbourhood Team. Any roles affected in this way will be identified on a team-by-team basis during the introduction of remote working and consideration will be taken and changes to team requirements will be made.</p> <p>Where eligible members of staff have opted into the Flexi and TOIL policy the flexible ways of working and the Corporate Guidance under the Remote Working Policy will not apply to them, e.g. they will continue to record their hours worked and only work within the 7am – 7pm flexi bandwidth.</p>
<b>Definitions</b>	<p><b>Remote Working-</b> Based for the day outside of the office. This means that they may be at home, or they may be somewhere else. Whilst working remotely they may visit customers or attend in person meetings. They should be contactable as if they were in the office, e.g., through the Association’s phone system, Teams, and email, and (with reasonable notice apart from in exceptional situations) they should be available to visit customers in their homes, attend our properties, or visit the office as required.</p> <p><b>Flexi-time</b> – Is the optional ability to record hours worked, accrue additional hours worked and take back whole flexi days off. The framework for this is set out in this policy. Flexi time is not a mandate for any individual staff member to permanently alter their normal working hours and should not be used to intentionally build-up hours for the purpose of taking time off.</p> <p><b>Flexible ways of working</b> – is the approach set out in the Maryhill Housing’s Remote Working Policy and Corporate Guidance on Effective Remote Working. It allows members of staff based at Garrioch Road to work at different times without recording hours worked.</p> <p><b>Flexible Working-</b> Flexible working is any type of working arrangement that gives some degree of flexibility on how long, where and when an employee works. Further details can be found in the Association’s Flexible Working Policy.</p> <p><b>Team Charter-</b> for the purposes of this policy the Team Charter is a set of rules/procedures created within each team. This takes into consideration the different requirements and expectations set within each team. The aim will be to ensure the business needs are met while enabling flexibility and positive wellbeing for all employees.</p>

	<p><b>Corporate guidance on effective remote working.</b> This is a suite of guidance documents that must be followed under this remote working policy.</p>
<p><b>Policy Statement</b></p>	<p>Maryhill Housing is committed to remote working practices to ensure that the services we provide are as effective and efficient as possible. Remote working also increases employee engagement and motivation and can lead to increased staff retention.</p> <p>Our approach to remote working moves away from a focus on inputs (for example hours spent at a specific location) and move towards a focus on outputs (delivering on our goals and targets).</p> <p>Increasing flexibility and working in more flexible ways will ensure we meet the needs of our customers' expectations, now and in the future.</p> <p>Maryhill Housing adopt a flexible approach to working hours and empower staff to create a healthy work-life balance, in line with their Team Charter.</p> <p>Maryhill Housing does not encourage a culture of long hours. It is not expected that employees will extend their working day to accommodate someone else who is working a different pattern to them. To ensure that a fair and consistent approach is taken and to keep our workforce connected, the Association has developed a suite of Corporate Guidance on effective remote working which must be followed.</p> <p><b>The Remote Working policy aims to:</b></p> <ul style="list-style-type: none"> <li>• Benefit the business from creative solutions, ideas and projects by allowing staff to do these remotely, without interruptions.</li> <li>• Ensure our high level of service is always maintained.</li> <li>• Facilitate performance management which focuses on the successful delivery of outputs (e.g., attainment of targets or delivery of service) rather than inputs (e.g., presence at a specific location or during set hours).</li> <li>• Better meet the demands of our service requirements.</li> <li>• Give employees more choice about where and when they work, subject to the constraints placed upon them as set out in their Team Charter.</li> <li>• Promote our culture of trust and flexibility. Our remote working culture forms part of our Corporate Guidance on remote working and underpins this policy.</li> <li>• Integrate into and complement our Wellbeing Strategy and Equality, Diversity and Inclusion strategy.</li> <li>• Ensure employees can have a healthy work life balance.</li> </ul> <p><b>Our approach to remote working</b></p> <p>The following principles underpin our approach to remote working:</p> <ul style="list-style-type: none"> <li>• <b>Corporate Guidance.</b> This sets out practical guidance and rules that we all must follow to ensure we work remotely successfully.</li> <li>• <b>Team Charters.</b> These will be team specific and set out how each team will meet the needs of customers, the business and their colleagues whilst working remotely.</li> </ul>

- **Clear role expectations.** This will facilitate the transition from focusing on inputs to outputs and outcomes.
- **Wellbeing approach.** This will ensure that staff are supported and empowered when working remotely to take ownership of their own wellbeing.

Maryhill Housing believes a model of blended/hybrid working is what best suits the business needs. This means a mixture of remote and onsite working, which brings the most benefits for both business and employees. It allows for continuing face to face social interaction, collaboration, along with enjoying the benefits of remote working. For this reason, employees will be required to attend the office at least 1 day per week. Further office-based working may be agreed in Team Charters.

Maryhill Housing appreciates that not all employees would like to work remotely, some employees may prefer to attend the office for their working week. Any employee who wishes to continue to come to their original work location can continue to do so.

**Performance Management**

Maryhill Housing has a culture of trust and respect for all. Performance Management will be carried out in the same way as if employees were in the office. As in the office, if the quality or volume of work while working remotely is not at the required standard, this will be addressed via Maryhill Housing’s performance management process initially on an informal basis. Matters will be managed confidentially with individual employees.

**Location**

Work should be done at the most effective and efficient location. Most work is likely to take place in Maryhill Housing’s premises (office, across our estates etc), in a customer’s home or at the employee’s home.

**Technology to Support Remote Working**

Maryhill Housing will supply the necessary equipment required to carry out the role. This is set out in the Association’s IT for Blended Working Policy.

**Health and Safety**

While working remotely, employees must adhere to Maryhill Housing’s policies on health & safety. They must take reasonable care of their own health and safety and that of anyone else who might be affected by their actions and omissions.

To allow for effective remote working conditions, an employee must complete the Display Screen Equipment online training – this will allow the employee to complete a self-assessment online which will identify any risks specific to their home working set up. These risks will be reported to the employee’s line manager for controls to be put in place. Where the risks are assessed as being high, a further DSE Assessment will be completed by the Appointed DSE Assessor at the employee’s home. Where controls are not possible this may prohibit an employee from remote working. Further information about DSE when working remotely can be found in the relevant Corporate guidance on effective remote working.

Domestic electrical supply configurations are out-with the control of the employer and are the responsibility of the employee as the homeowner/tenant.

### **Legal**

It is important to note that the introduction of remote working does not remove an employee's statutory right to request flexible working and request a permanent change to their employment contract. Further details can be found in the Maryhill Housing's Flexible Working policy.

Reasonable adjustments will be made to support employees with a disability to perform their role whether working remotely or in the office. This is a statutory duty required by the Equality Act 2010 and does not form part of the Remote Working Policy. Further advice can be provided by the HR Team.

The Remote Working Policy and flexible ways of working enables employees to manage their own work life balance. Maryhill Housing expects staff to comply with the Working Time Regulations. If a member of staff is finding it difficult to comply with the Working Time Regulations they must report this to their line manager.

Key provisions of the Working Time Regulations are:

- An average working week of no more than 48 hours per week, unless the employee specifically opts out. This includes work with other employers.
- At least one 20-minute rest break for working days of 6 hours or more (Maryhill Housing encourages employees to take these rest breaks for their own wellbeing).
- 11 hours of rest between working days. (e.g., if an employee finishes work at 8pm, they must not work again until 7am the next day.)
- A minimum of one day off per week.
- Employees aged 16-18 are restricted to 8-hours per day and 40-hours per week with no opt out provision.

### **Breaches of the remote working policy**

Remote working is a privilege not a right. Managers have the right to return colleagues to the office full time on their existing contracts where standards have fallen; behaviours are a concern; performance is a concern; or any other matter is of concern. **including where managers decide the business is, and customers are, better served by having staff in the office all the time**

Possible reasons for refusal or requirement to return to the office full time are:

- Inability to work from home safely and effectively due to equipment/space/connection issues
- A sustained reduction in performance including customer satisfaction
- Distractions with either dependents or other non- work related issues that stop employees being fully engaged in work activities for a sustained period
- Failure to follow the Team Charter and work effectively with colleagues
- A reduction in the staff member's wellbeing

Maryhill Housing will not routinely review evidence of activity to assess how little or how much an employee is working. However, Maryhill Housing

	reserves the right to do this for a specific purpose, for example investigating a complaint or a disciplinary matter.
<b>Approval</b>	Board – 24 <sup>th</sup> February 2022.
<b>Policy Owner</b>	HR Manager-Marie Murphy
<b>Review</b>	Senior Management Team – February 2025



## Equality Impact Assessment

<b>Name of Project</b>	Remote Working Policy	<b>Date of approval</b>	
<b>Name of completing officer</b>	Marie Murphy	<b>Date EqIA created</b>	25.01.2022

**Stage 1 – who will this affect?** Identify the main stakeholders, eg staff, tenants, applicants.

This policy applies to all office based staff within Maryhill Housing. The policy does not apply to our Neighbourhood staff, agency workers, sessional staff or contractors.

**Stage 2 – Scoping Exercise - Equality evidence used in this Equality Impact Assessment**  
 Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Association’s workforce, tenants or applicants

Information Source (include link where published)	What does this information include?
Flexible Working policy <a href="#">here</a> Optional Flexi and TOIL policy-this can be found <a href="#">here</a> Optional Flexi and TOIL procedure-this can be found <a href="#">here</a> Special leave and bereavement leave guidance- can be found <a href="#">here</a> TOIL (non flexi opt in) procedure- this can be found <a href="#">here</a> TOIL policy (non-flexi opt in)- this can be found <a href="#">here</a> Equality, Diversity and Inclusion Policy can be found <a href="#">here</a> Wellbeing & Diversity Strategy can be found <a href="#">here</a> Customer Satisfaction results 2021	These policies clearly detail MH’s approach to a new hybrid way of working through the development of the Remote Working policy. In order to develop a fair and transparent policy various links were made with other internal policies as well as external feedback from customer. Maryhill Housing will aim to support employees to adopt to this new hybrid working, in line with the Equality Act 2010. This is in line with the belief that the wellbeing of employees is extremely important in Maryhill.


<b>Stage 3 – Considering the above information, what impact will this proposal have on protected groups? Consider whether the impact is positive, negative or neutral.</b>	
<b>Sex</b>	Neutral. This is to benefit employees irrespective of their gender.
<b>Gender Reassignment</b>	Neutral
<b>Age</b>	Neutral
<b>Disability</b>	Positively impacts people with disability, it can create greater flexibility and accessibility to employment.
<b>Race &amp; Ethnicity</b>	Neutral
<b>Sexual Orientation</b>	Neutral
<b>Religion or Belief (or No Belief)</b>	Neutral
<b>Pregnancy &amp; Maternity</b>	Neutral

<b>Stage 4 – Are there any negative impacts on the above groups?</b>	<b>Can you objectively justify these? If not, what actions could be taken to mitigate, advance equality or fill gaps in information</b>
None – the draft Remote Working policy will impact positively on all staff.	

<b>Stage 5 – General duty. There are three key considerations to think about in terms of equalities implications on any new policy as set out below. Please set out how you have considered each of these.</b>	
<b>Is there anything more the policy could do to eliminate discrimination?</b>	No

<b>Could the policy better advance equality of opportunity?</b>	Yes, this allows flexibility to all employees and creates and promotes increased wellbeing and a better work life balance.
<b>Does the policy pay due regard to the need to promote good relations between different groups?</b>	Yes
<b>Are there any other actions you could take to better meet the General Equality duty?</b>	No

<b>Stage 6 – List any proposed actions as a result of this equality impact assessment</b>	
<b>Action</b>	<b>Where captured</b>

<b>REPORT TO:</b>	<b>Board</b>	
<b>DATE OF MEETING:</b>	<b>24th February 2022</b>	
<b>AGENDA ITEM:</b>	<b>8</b>	
<b>CONFIDENTIALITY:</b>	<b>Non-Confidential</b>	
<b>AUTHOR:</b>	<b>Marie Murphy</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Bryony Willett, CEO</b>	

## **REPORT TITLE: Salary Sacrifice Policy**

### **1. PURPOSE**

1.1 The purpose of this report is to introduce the new proposed Salary Sacrifice policy.

### **2. RECOMMENDATIONS**

2.1 The Board is asked to:

- **Approve** the new Salary Sacrifice policy subject to consultation with staff.

### **3. EXECUTIVE SUMMARY**

3.1 In September 2021 the Board approved the implementation of a Salary Sacrifice pension scheme effective from 1 April 2022.

3.2 Following the Board approval a Salary Sacrifice Working Group was established to review the requirements of setting up this scheme. The working group was tasked with reviewing the HR and Finance/Payroll implications.

3.3 To support staff in understanding the scheme and what it would potentially look like the Working Group recommended some external support. On 16 February 2022 Gordon Birrell of Chiene Financials will be making a presentation to assist staff in their decision-making process.

3.4 To support the implementation process a Salary Sacrifice policy was also required. Board are asked to approve this draft policy at Appendix A, subject to staff consultation. This new draft policy aims to:

- Provide clarity around Salary Sacrifice and the procedure Maryhill Housing will adopt
- Eligibility requirements for joining the Salary Sacrifice scheme
- Detail the Salary Sacrifice procedure for staff who want to join (opt-in) the scheme
- Details of how to opt-out of the scheme.

3.5 Staff who join (opt-in) the scheme can initially do so from 1 April 2022, and annually each April thereafter.

## IMPLICATIONS OF THE REPORT

<b>FINANCIAL RESOURCE AND VALUE FOR MONEY:</b>	The implementation of pension salary sacrifice scheme will achieve savings in National Insurance contributions. It was agreed by the Board in September that the Employer National Insurance savings should be invested into staff members pensions.
<b>LEGAL/ REGULATORY/ NOTIFIABLE EVENTS/RULES:</b>	Under Regulatory Standard 3.6 the RSL must <i>ensure that employee salaries, benefits and its pension offerings are at a level that is sufficient to ensure the appropriate quality of staff to run the organisation successfully, but which is affordable and not more than is necessary for this purpose.</i>
<b>CORPORATE PLAN/STRATEGIC OBJECTIVES:</b>	There are no implications
<b>CUSTOMER/TENANT PARTICIPATION:</b>	There are no implications
<b>COMMUNICATIONS:</b>	<p>The Salary Sacrifice Pension scheme information was sent out to all staff through the intranet and email information on Friday 11 February 2022. There is an information presentation taking place for staff on Wednesday 16 February 2022.</p> <p>Staff consultation will take place from Friday 25 February 2022 until Monday 28 March 2022. The Board is asked to approve this policy subject to approval from staff consultation and feedback from the union, Unite.</p>
<b>HEALTH AND SAFETY:</b>	There are no implications
<b>ENVIRONMENTAL:</b>	There are no implications
<b>EQUALITY IMPACT ASSESSMENT:</b>	There are no specific equality implications
<b>RISK ANALYSIS:</b>	The risk is that there is no clear framework around the operation of Salary Sacrifice at Maryhill, which could result in challenge from staff. The Salary Sacrifice policy aims to mitigate this risk.



<b>Title</b>	<b>Draft Salary Sacrifice Policy</b>
<b>Purpose</b>	This policy sets out the approach Maryhill Housing will take in the operation of a Salary Sacrifice scheme.
<b>Scope</b>	The Salary Sacrifice policy will apply to all staff who have chosen to opt into the Salary Sacrifice scheme. It will not apply to employees who opted out of the scheme or who are not part of any Maryhill Housing employee/employer pension scheme.
<b>Definitions</b>	<b>Salary Sacrifice-</b> Salary sacrifice is an arrangement where an employee agrees to reduce their earnings by an amount equal to their pension contributions.
<b>Policy Statement</b>	<p>Maryhill Housing recognises that maximising pension savings is in the best interests of its employees. Salary sacrifice for pension contributions is an optional benefit for Maryhill Housing employees.</p> <p><b>The Salary Sacrifice policy aims:</b></p> <ul style="list-style-type: none"> <li>• To provide additional pension savings options to employees</li> <li>• To allow the ability to opt in or opt out of the salary sacrifice scheme on an annual basis (or due to a life event).</li> <li>• To provide clarity around Salary Sacrifice and the procedure Maryhill Housing will adopt</li> </ul> <p><b>Eligibility for Salary Sacrifice</b></p> <ul style="list-style-type: none"> <li>• All employees can access this option for pension contributions on the basis that pay must not drop below the national minimum wage or the lower-level earnings limit as set out by HMRC</li> <li>• All employees are advised to seek advice to ensure this is of benefit to their individual circumstances. The cost of such advice is the employee's personal responsibility.</li> </ul> <p><b>Salary Sacrifice procedure:</b></p> <ul style="list-style-type: none"> <li>• Employees can choose the amount of salary to sacrifice,</li> </ul>

	<p>although pay must not drop below the national minimum wage or the lower-level earnings limit as set out by HMRC.</p> <ul style="list-style-type: none"> <li>• Employees can change the amount of salary sacrificed no more frequently than once a year each April, within the confines of the amounts detailed at the point above.</li> <li>• Employees may opt in or out of the salary sacrifice scheme if they experience a lifestyle event as defined by HMRC, if this is earlier than the date noted in the point above.</li> <li>• If an employee opts into the salary sacrifice scheme this change to their terms and conditions of employment will be confirmed by a contract variation letter.</li> <li>• An employee's reference salary for calculating contractual / non contractual benefits e.g. sick pay will be the employee's normal salary before the reduction was applied</li> <li>• An employee's reference salary for calculating pay increases will be the employee's normal salary before the reduction was applied.</li> <li>• An employee's reference salary for the purposes of salary confirmation for mortgage requests will be the employee's normal salary before the reduction was applied, albeit Maryhill Housing will also state that it permits salary sacrifice for pension contributions.</li> <li>• A record of staff participating in the salary sacrifice scheme will be retained by payroll.</li> <li>• Staff members not participating in the salary sacrifice scheme may simply retain one of the existing SHAPS standard pension options already in place.</li> <li>• Employer National Insurance savings will be reinvested into employee members pensions.</li> </ul>
<b>Approval</b>	The Board- Thursday 24 February 2022
<b>Policy Owner</b>	Human Resources Manager
<b>Review</b>	February 2025 (or in line with any pension changes).

## Service Delivery

- Routine repairs operating as normal, except any issues resulting from material / resource shortages noted below
- All contractors reporting material shortages which may impact on timescales for service delivery (reactive and planned maintenance)
- Allocations - 11 leases let to local authority to date, average monthly voids slightly lower than pre covid levels.
- 24 properties let for the month of December, YTD figure 218.
- Current void properties end of December 2021 – 23, (15 over 17 days)
- Decrease in average days to let which has reduced from 57 days to 33 days.
- Full close cleaning service and landscaping being delivered.
- Neighbourhood Team resumed full service 03/07/20
- Arrears management continuing, court cases and evictions continue to progress following the change in legislation allowing the enforcement of notice of period however these have a 6 month lead in time which has been extended until March 2022.
- Housing Options – normal service resumed
- Claim has been submitted to access the COVID-19 grant fund from Scottish Government which is being administered by GCC to help assist 17 tenants who accrued rent arrears as a direct result of COVID 19. Total of £18,219.44 has been applied for.
- Bi-annual inspections scheduled to start April 2022.
- Selection and allocation completed for the new build development at Rothes Drive – expected handover March 2022.

## Staff Welfare

- All Garrioch Road staff enabled for home working
- Office with much reduced staffing and open to customers in AM only for drop ins and appointments in PM
- Priority Covid-19 testing portal established
- Relaunch planning – Beyond Level 0 implemented.
- HR completed risk assessments with all staff on vulnerable list
- Phase 2 - Re-orientation packs issued and returned - 6 July 2020.
- Phase 3 – Stage 1 reorientation packs issued – 07 Aug 2020, face covering update issued 10 Oct 2020
- Level 1 – Reorientation Packs Issued – w/c 12 August 2021
- Beyond Level 0 – Reorientation Packs Issued – w/c 11/10/21
- Relaunched Healthy @ Home 2 weekly updated during new lockdown
- Retirement Housing Officers – part of new weekly testing programme start w/c 18 Jan.
- Pulse survey – 4th survey issued – April 2021
- Current number of staff furloughed - 0
- Current number of staff flexible furloughed – 0
- Current number of staff on reduced hours – 0
- Current number of staff on relaxed working pattern – 0 (0 FTE)
- Monthly sickness absence numbers:
  - Normal absence – for January 2022 – 19 people (18.5FTE)
  - COVID sick – 5 (6.4FTE) COVID self-isolating – 3 (2.5FTE)
  - COVID absence – for January 2022 – 22 days

## Legal & Regulatory

- water tank surveys (common): programme complete
- asbestos surveys: programme to re-start for 2022
- smoke detection installation programme re-started 19/4/21; Omicron variant has impacted on customer / contractor availability and access
- gas servicing operating as normal – currently working at 100% compliance
- construction site at Leyden Street restarted and on site at Botany Corner and Rothes Drive.


## Finance – monthly data as at 31/12/2021

Cashflow impact	<b>£5.8m end of February, £5.5m end of Dec 21</b>
Current rent arrears impact (since Feb 2020)	<b>Decrease of 0.3% in non tech arrears from Feb 2020 from 3.9% to 3.5% at Dec 2021</b>
Void rent loss (pre-covid ave.£4k-£4.5k month)	<b>£108k as of December 2021.</b>
Draft Budget underspends as at 31 December 2021	<b>Reactive repairs £(108)k, Void repairs £(159)k, Cyclical £408k, Planned Maintenance £1.6M</b>

## Summary of Services – 01/02/22

From 31<sup>st</sup> January 2022 the Scottish Government issued updated coronavirus protection guidance. The table below sets out what this will mean for our services from Thursday 3<sup>rd</sup> February 2022.

	<b>Services from 3rd February 2022</b>
<b>Full time Neighbourhood Team service</b>	Yes
<b>Office open to the public</b>	Yes – 9.30am – 12.00
<b>Office open to staff</b>	Where cannot carry out function effectively at home or other welfare reason. Rota in place to manage attendance to support continued distancing. Maximum numbers in the office: 22. Rota for SMT, CCT and housing management where office presence required. CCT to work hybrid at home and from the office.
<b>Highly vulnerable staff working outside of their home</b>	Yes
<b>Estate/close inspections and external property inspections</b>	Yes
<b>Allocations - general</b>	Yes
<b>Allocations – mutual exchanges</b>	Yes
<b>Tenancy management home visits</b>	Yes - all
<b>Property Officer home visits</b>	Yes - all
<b>Voids pre and post inspections</b>	Yes
<b>Retirement housing home visits</b>	Yes - all
<b>Neighbourhood team – repairs inside customers’ homes</b>	Yes
<b>Energy Advice Team home visits</b>	Yes
<b>Emergency repairs</b>	Yes
<b>Non-emergency repairs</b>	Yes
<b>Gas forced access</b>	Yes (unless isolating or symptomatic)
<b>Investment works</b>	Yes.
<b>Environmental services (close cleaning and landscaping)</b>	Yes
<b>Retirement housing common rooms open</b>	Yes, with 1m social distancing
<b>Cyclical health and safety checks</b>	Yes
<b>Community regeneration activities</b>	Yes
<b>Adaptations</b>	Yes

<b>REPORT TO:</b>	<b>Board</b>	
<b>DATE OF MEETING:</b>	<b>24<sup>th</sup> February 2022</b>	
<b>AGENDA ITEM:</b>	<b>9</b>	
<b>CONFIDENTIALITY:</b>	<b>Non confidential</b>	
<b>AUTHOR:</b>	<b>Rebecca Wilson, Director of Resources</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Rebecca Wilson, Director of Resources</b>	

## **REPORT TITLE: COVID IMPACT & RELAUNCH**

### **1. PURPOSE**

- 1.1 The purpose of this report is to provide Board with an update on the impact of the coronavirus restrictions across the Association's activities and also to update on relaunch planning.

### **2. RECOMMENDATIONS**


- 2.1 Board is asked to:
- **Note** the Covid Impact Analysis as at 27<sup>th</sup> January 2022
  - **Note** the progress on relaunch planning
  - **Consider** whether this is the last quarterly update report provided

### **3. EXECUTIVE SUMMARY**

- 3.1 The Scottish Government updated the covid guidance on Monday 31st January, which removed the short-term advice in response to the Omicron spike and shifted the focus to hybrid rather than home working.
- 3.2 Appendix A provides Board with the summary Covid Impact Analysis at 27th January 2022. Appendix B provides a summary of the Association's services from 4th February 2022, which takes account of the 31st January updated guidance.
- 3.3 Over the coming few weeks, consideration will be given to bringing in further relaxations, including removing the 1m distancing, increasing numbers in the office and re-starting our drop-in services for customers. We will also be developing guidance on how the Association will implement the new Distance Aware scheme which the Scottish Government has asked all employers to roll out and promote.
- 3.4 The next Covid Impact & Relaunch report is due to June Board, however as it is likely by then all remaining restrictions may have been eased, Board are asked to consider if they still wish to receive these quarterly updates, or if this will be the last report to Board. We will continue to report to the SHR for as long as this is required.

## IMPLICATIONS OF THE REPORT

<b>FINANCIAL RESOURCE AND VALUE FOR MONEY:</b>	<p>The financial impact of the coronavirus restrictions are being monitored within the impact analysis.</p> <p>The annual budget for 2021/22 was presented to the March 2021 Board and a covenant amendment to adjust for the impact of Covid on the investment programme has been implemented.</p>
<b>LEGAL/REGULATORY/RULES/NOTIFIABLE EVENTS:</b>	A quarterly return on Covid impact is submitted to the Scottish Housing Regulator
<b>CORPORATE PLAN/STRATEGIC OBJECTIVES:</b>	The coronavirus restrictions had a significant impact on our ability to deliver our corporate plan objectives within the desired timeframes. An important part of the impact analysis process has been the development of comprehensive relaunch plans which have enabled the Association to get back on track with service delivery and achievement of objectives as soon as possible.
<b>CUSTOMER/TENANT PARTICIPATION:</b>	Consultation methods with customers during the period of restrictions have to be tailored to avoid face to face meetings.
<b>COMMUNICATIONS:</b>	Effective communication with all stakeholders is an integral part of managing the coronavirus restrictions.
<b>HEALTH AND SAFETY:</b>	The Health & Safety implications of the coronavirus restrictions such as social distancing, actions to limit infection risk and PPE are contained within the Impact Analysis and the risk register.
<b>ENVIRONMENTAL:</b>	There are no implications.
<b>EQUALITY IMPACT ASSESSMENT:</b>	There are no implications.
<b>RISK ANALYSIS:</b>	10 identified risks arising from the coronavirus restrictions were identified and reported to April 2020 Board. These risks have been updated and are reported to Board quarterly as part of the Assurance papers. There are currently 6 of the initial 10 risks still live on the register.

<b>REPORT TO:</b>	<b>Board</b>	
<b>DATE OF MEETING:</b>	<b>24<sup>th</sup> February 2022</b>	
<b>AGENDA ITEM:</b>	<b>10</b>	
<b>CONFIDENTIALITY:</b>	<b>Non confidential</b>	
<b>AUTHOR:</b>	<b>Bryony Willett</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Bryony Willett, Chief Executive</b>	

## REPORT TITLE: OUR OVERALL ASSURANCE POSITION

### 1. PURPOSE

- 1.1 This report sets out the Association's overall assurance position and how this has changed compared to November 2021.

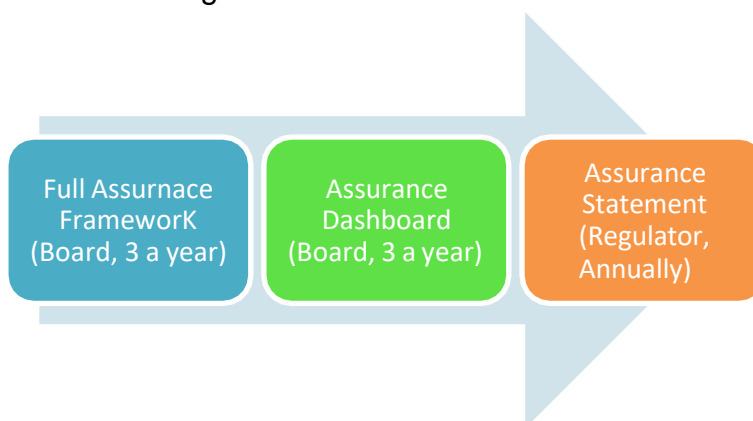
### 2. RECOMMENDATIONS

- 2.1 The Board is asked to:

- **Approve** the Assurance ratings proposed by officers as set out in Appendix A.
- **Note** improvement required in the Association's approach to organisational health and safety
- **Consider** verbal updates provided at the Board meeting on improvements to organisational health and safety and **approve** any relevant updates to the Health and Safety assurance report prior to submission to the Scottish Housing Regulator after the February Board meeting.
- **Note** the Association's compliance with the requirement to install inter-linked smoke alarms by the end of January 2022.

### 3. EXECUTIVE SUMMARY

- 3.1 The Association holds three Assurance Boards each year where the Board considers compliance against the seven Regulatory Standards of Governance and Financial Management, the Scottish Social Housing Charter and other legislative requirements which together comprise the Scottish Housing Regulator's Regulatory Framework.
- 3.2 These Assurance Boards culminate in the production of the Annual Assurance Statement which is a one page summary of the Association's compliance with the above standards. This is summarised in the diagram below.



- 3.3 Pre-covid these Board meetings followed a set agenda whereby reports were provided on each key area of compliance and summarised into a slide presented by the lead Head of Service or Director.
- 3.4 The decision was taken to move away from this format due to the current requirement for virtual meetings as a result of the Covid-19 pandemic. Instead, this paper and the dashboard summarises our overall Assurance position and the individual Assurance papers are appended to this report. The reports refer to performance up to December (Performance report, Finance Statements,) or end of January 2022 (Governance Effectiveness Plan, Delivery Plan, Investment Update, Development Update, H and S Assurance report, Risk Review).
- 3.5 Compliance with the Regulatory Framework was last reported to the November 2021 Board. The table below sets out key changes since the November 2021 Board.

Area	From	To	Explanation	Covid-related?
<b>Compliance with the charter</b>				
No changes				
<b>Regulatory standards</b>				
Regulatory standard 1: leadership and direction	Compliant (with non-material areas for improvement)	Compliant	Board recruitment has meant the Association is now compliant with its rules in relation to a majority of customer Board members.	No
Regulatory standard 6: skills and knowledge	Compliant (with non-material areas for improvement)	Compliant	Board recruitment has meant the Association is now compliant with its rules in relation to a majority of customer Board members.	No
<b>Regulatory and legal requirements</b>				
Health and safety	Compliant (with non-material areas for improvement)	Working towards compliance	New Performance and Governance Manager has identified improvement required in the Association's approach to organisational health and safety, specifically around fire safety; lone working and equipment safety. Further information at section 3.9 below.	Yes

- 3.6 Board members are asked to read this cover paper, the Assurance Dashboard (Appendix A) and key Assurance papers covering: Performance (Appendix B); Complaints and customer feedback (Appendix C); Financial management (Appendix D) and Health and Safety (Appendix E). The other appendices are provided as detailed reading if Board Members are particularly interested or want to delve into the detail in a particular area. The other appendices are not required reading.

- 3.7 At previous Board review sessions Board members commented that the Board should have spent more time considering the Assurance items on the agenda. For this meeting officers will present the Assurance papers that Board Members have been asked to read in advance of the meeting.

<b>IMPLICATIONS OF THE REPORT</b>	
<b>FINANCIAL RESOURCE AND VALUE FOR MONEY:</b>	There are no financial implications.
<b>LEGAL/REGULATORY / RULES/NOTIFIABLE EVENTS:</b>	This report explains how the Assurance Board meeting will work and summarises the changes since the November 2021 Board meeting.
<b>CORPORATE PLAN/STRATEGIC OBJECTIVES:</b>	Production of an annual Assurance Statement is a Regulatory requirement.  Under the Regulatory Guidance on Assurance Statements the Association is required to notify the Regulator of material changes in Assurance during the course of the year.  The Health and Safety Assurance report will be submitted to the Scottish Housing Regulator following the Board meeting.
<b>CUSTOMER/TENANT PARTICIPATION:</b>	There are no implications
<b>COMMUNICATIONS:</b>	There are no implications
<b>HEALTH AND SAFETY:</b>	There are no implications
<b>ENVIRONMENTAL:</b>	There are no implications
<b>EQUALITY IMPACT ASSESSMENT:</b>	There are no implications
<b>RISK ANALYSIS:</b>	In order to comply with the Regulatory Framework the Association is required to produce an evidence based annual Assurance Statement setting out compliance against the Regulatory Framework. Associations are expected to keep a record of the evidence used to produce the Assurance Statement. These Assurance papers will form a key part of this evidence. The Assurance Statement will form part of the overall Regulatory view of the Association. Failure to comply with these requirements could result in Regulatory intervention.

### **3.8 Compliance with requirements to install inter-linked smoke alarms in tenanted properties**

- 3.8.1 In 2018 the Scottish Government introduced a requirement for all social housing to be fitted with inter-linked smoke and heat alarms. The original target was to complete this by 2021 but this was extended due to the covid pandemic to 1<sup>st</sup> February 2022.
- 3.8.2 The Association has been working to achieve this target since 2018 and in autumn 2021 employed an additional member of staff to accelerate the programme of installations. The

Association’s approach has been to install these smoke alarms at the same time as electrical installation checks (EICRs).

3.8.3 The Scottish Housing Quality Standard (SHQS) is a standard that all social housing properties are expected to meet. The SHQS includes the requirement for inter-linked smoke alarms and a valid electrical safety certificate.

3.8.4 As of 1<sup>st</sup> February 2022 the Association’s compliance with these two standards is set out in the table below:

<b>Area</b>	<b>Compliance as of 1.2.22</b>
Properties with compliant smoke alarms	78% (2370 complete)
Properties with compliant electrical safety checks	87% (2664 complete)

3.8.5 The Association will be required to report on progress against these requirements in the 2022 annual return on the charter (ARC) return which covers performance to March 2022 and is submitted to the Scottish Housing Regulator in May 2022.

3.8.6 The Association’s programme of installations was negatively impacted by the covid pandemic over the winter with cancellations caused by customers and contractors with the virus and self-isolating. As the number of people with coronavirus has started to reduce again in Glasgow the access rate has improved again.

3.8.7 Officers project that a further 300 installations will be completed by the end of March 2022. Projected compliance by the end of March is shown in the table below:

<b>Area</b>	<b>Projected compliance (by 31.3.22)</b>
Properties with compliant smoke alarms	88% (2670 complete)
Properties with compliant electrical safety checks	97% (2964 complete)

3.8.8 The Association is aware of other Associations that are working towards achievement of the new standards but were not fully compliant as of 1<sup>st</sup> February 2022. These include Queens Cross, North Glasgow and Glasgow West.

3.8.9 The Association will force access into properties to ensure compliance with the requirements on smoke alarms but has not yet exhausted all options to gain access before forcing access. Forcing access to carry out electrical safety checks will be considered on a property by property basis following a risk assessment.

**3.9 Organisational health and safety compliance**

3.9.1 The Association’s compliance with organisational health and safety is set out at Appendix E. The Association has agreed to submit each Health and Safety assurance report to the Scottish Housing Regulator as part of the Association’s engagement plan.

3.9.2 Board are asked to note that a number of compliance ratings in organisational health and safety have moved to working towards compliance, which has meant the Association’s overall self-assessment on health and safety compliance has moved to working towards compliance.

3.9.3 The table below summarises these key issues and when they will be resolved.

Area	From	To	Explanation	Action required and timeframes
<b>Lone working</b>				
No lone working system and procedures included in induction for new staff	Compliant (with non-material areas for improvement)	Working towards compliance	No lone worker guidance included in induction and new staff joining since the covid pandemic have not been issued with lone working systems	Lone working system rolled out to all relevant staff, training completed retrospectively as part of induction. All training documented. End March 2022
<b>Fire safety</b>				
No fire drills or fire alarm testing since the covid pandemic	Complaint (with non-material areas for improvement)	Working towards compliance	Fire safety procedures have not been followed with limited staff in the office during the covid pandemic.	Fire alarm testing to re-commence. Fire drills to recommence. Standardised system of recording fire testing and drills across all offices. February 2022
<b>Equipment including personal protective equipment</b>				
No evidence of regular equipment checks in Neighbourhood Team	Compliant	Working towards compliance	Power tool checks not being undertaken regularly and recorded systematically.	Equipment checks to be re-introduced and documented appropriately. February 2022

3.9.4 This decline in organisational health and safety compliance is being reported to the Board for the first time due to the rigour the new Performance Manager has introduced to the Association's management of organisational health and safety compliance.

3.9.5 Board are asked to note that a number of the organisational health and safety improvement actions are not complete at the time of writing but are planned to be completed by the February Board meeting. Officers will be asked to provide a verbal update and Board are asked to consider if amendments should be made to the Health and Safety Assurance report (Appendix E) prior to submission to the Scottish Housing Regulator.

### 3.10 Appendices:

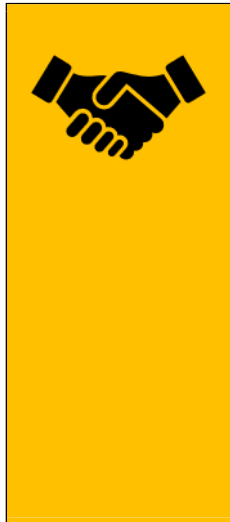
- A. Assurance Dashboard (required reading)
- B. Performance (required reading)
- C. Complaints and Customer Feedback (required reading)
- D. Financial Management (required reading)

- E. Health and Safety (required reading)
- F. Risk Management (required reading)
- G. Investment Programme (additional reading)
- H. Development Programme (additional reading)
- I. Governance Effectiveness Plan (additional reading)
- J. Delivery Plan (additional reading)
- K. Full Assurance Framework (additional reading)

	Compliant
	Complaint (with non-material areas for improvement)
	Working towards compliance
	Not compliant

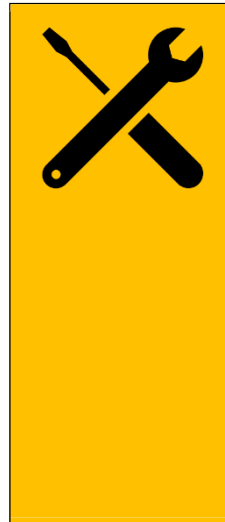
**February 2022: Updates highlighted in yellow**

### Scottish Social Housing Charter



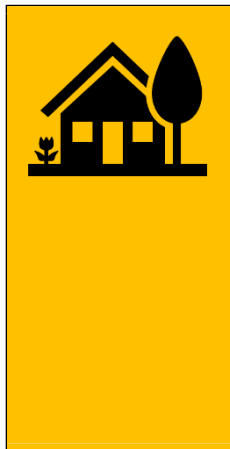
#### The Customer/Landlord Relationship (Equalities, Communication and Participation)

- Equality and diversity strategy in place and action delivered
- Customer satisfaction with being kept informed and opportunities to participate reduced and lower than peers
- Improving performance on responding to complaints within timeframes
- New Customer Charter to be developed and to be rolled out by ~~March 2020~~ ~~December 2020~~ **March 2022.**
- Complaint's training and improved processes on learning from complaints introduced in January 2020.



#### Housing Quality and Maintenance

- Repair response **better than benchmark but not meeting internal targets.**
- Repair satisfaction static but lower than benchmarks
- Customer satisfaction with the quality of the home reduced and lower than benchmark
- Not compliant with SHQS and unlikely to be with EESSH due to large numbers of electrically heated properties although good progress being made towards compliance
- Corporate Plan allocates resources to replacing all electric storage heaters over a four-year period.
- Corporate Plan allocates resources to common area and foyer improvements over four-year Investment Plan.



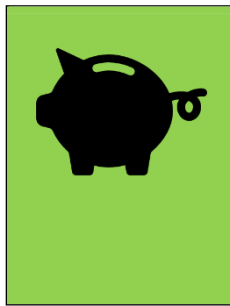
#### Neighbourhood and Community (Estate management and Anti-social behaviour)

- Performance on resolution of ASB in line with benchmarks
- Customer satisfaction with the management of the neighbourhood reducing and low compared to peers.
- ASB strategy delivered October 2019 and processes being updated.
- Customer satisfaction with ASB introduced from September 2019 and performance improved in 2021.
- Potential for expansion of in-house services to be considered in **March 2022.**



#### Access to Housing and Support (Housing options and Tenancy sustainment)

- Allocations Policy reviewed in 2018 in response to 2014 Housing Act
- New Development Policy clearly linked to housing need
- **Over 40% of lets made to homeless households**



#### Getting Good Value from Rents and Service Charges

- Rents lower than peers.
- Strong voids performance and better than benchmarks
- **Business plan assumes CPI-linked rent increases, possible through savings programme.**
- Rents restructured from 2016 – 2018.
- Customer satisfaction that rents provide value for money reduced.
- Rent collection performance better at the end of 2020/21 despite the impact of the pandemic.



## Regulatory Standards



### Standard 1 – Leadership and direction

All 7 statements are compliant



### Standard 2 – Openness and accountability to customers

4 statements are compliant

1 statement compliant (with non-material areas of improvement)

Agreed actions (more info pages 19 - 23):

- Capture customer preferences for communication



### Standard 3 – Managing resources for affordable rents

5 statements are compliant

2 statements compliant (with non-material areas of improvement)

Agreed actions (more info pages 24 – 30):

- Consider EVH membership
- Commission detailed review of voids management



### Standard 4 – Making decisions and managing risk

4 statements are compliant

2 statements compliant (with non-material areas of improvement)

Agreed actions (more info pages 33- 34):

- Detailed governance arrangements for the subsidiary to be finalised
- Tenant Board members to be recruited representative of the Maryhill community.



### Standard 5 – Honesty and integrity

5 statements are compliant

1 statement compliant (with non-material areas of improvement)

Agreed actions (more info pages 37 - 42):

- Ensuring new values promoted in the Association's offices



### Standard 6 – Skills and knowledge

All 7 statements are compliant



### Standard 7 – Organisational changes

8 statements are compliant

1 statement compliant (with non-material areas of improvement)

Agreed actions (more info pages 50 – 52):

- Development of a stock acquisition and rationalisation policy

## Regulatory Requirements & Legislation



### Health and Safety

- Non-material improvements required all areas of landlord safety following 2021 audit programme. Approved action plan in place for all areas.
- **Material non-compliance in lone working due to lack of training and systems for new lone working staff.**



### Environmental Protection

- No current Sustainability Strategy in Place due to be completed by **September 2020-November 2021 during 2022 – 2023.**



### Data Protection and Published Information

- Reasonable assurance given in recent GDPR internal audit.
- FOI policies and procedures in place in line with Information Commissioner and SFHA best practice.
- Website publication schedule up to date
- 'Strong' rating in FOI internal audit



### Performance Reporting, Tenant Scrutiny, Complaints

- Tenants involved in scrutinising performance through the Service Improvement Panel and feedback sought on new video Annual Review
- Customer Engagement Strategy updated in Feb 2020
- Complaint's timeframes reviewed and learning improved in Jan 2020.



### Scottish Public Services Ombudsman Complaints

- Work to improve our complaints handling complete - changes to the SDM complaints module, establishment of a learning from complaints group and additional training for staff.



### Whistleblowing

- Whistleblowing Policy in place and training recently provided for all staff.
- Whistleblowing Policy refreshed in October 2019.
- Virtual refresher training delivered Dec 2020



### Equality and Human Rights

- Equalities Impact Assessment training completed and EQIAs introduced for future policies.
- Work required to set up SDM housing management system to record all protected characteristics. Due to be complete by ~~March 2020~~ ~~March 2024~~ August 2022.



### Housing Law

- Allocations Policy, ASB Policy and tenancy agreement reviewed in light of 2014 Housing Act. Key housing management policies in place.



### Accounting and Taxation

- External and internal auditors in place.
- VAT review carried out by external auditors in 2019.
- Financial controls internal audit completed in 2020.



### Employment Law

- HR employment advice from Employers in Voluntary Housing (EVH) and external legal advisers.
- Model policies provided by EVH

## STRATEGIC PERFORMANCE INFORMATION

### QUARTERLY REPORT – Q3 (OCT TO DEC 2021)

**Key:**

↑	Improved	■	Compliant
→	Steady	■	Compliant (with non-material areas for improvement)
↓	Declined	■	Working towards compliance

Indicator	Year end 20/21	Q1 21/22	Q2 21/22	Q3 21/22	YTD 21/22	Trend	Compliance with internal targets	Compliance with Charter (b'marks)	Compliance with Reg Framework (Data confidence)	
<b>Rental Income &amp; Arrears</b>										
1	Current tenant non-technical arrears as a percentage of annual rental income	3.4%	3.4%	3.8%	3.6%	<b>3.6%</b>	↑	2.4% max	3.3%	■
2	Former tenant arrears as a percentage of annual rental income	1.2%	1.3%	1.8%	1.7%	<b>1.7%</b>	↑	1.3% max	1.5%	■
3	Gross rent arrears as a percentage of annual rental income	4.6%	4.7%	5.6%	5.3%	<b>5.3%</b>	↑	3.7% max	4.8%	■
4a	Average debt per non-UC tenant	£329.04	£334.20	£638.43	£417.56	<b>£417.56</b>	↑	N/A	-	■
4b	Average debt per tenant on UC	£695.58	£722.00	£687.89	£583.77	<b>£583.77</b>	↑	N/A	-	■
5	Number of properties recovered for non-payment of rent	3	1	4		<b>5</b>	-	N/A	-	■
<b>Lets &amp; Tenancy Sustainment</b>										
6	Percentage of lets against agreed quotas:						→		-	■
	- Section 5 referrals	48%	46%	34%	38%	<b>42%</b>		48%		■
	- Waiting list	33%	40%	20%	35%	<b>33%</b>		27%		■
	- Transfer need	16%	12%	27%	23%	<b>17%</b>		18%		■
	- Transfer aspiration	2%	2%	9%	5%	<b>5%</b>		7%		■
7	Average time to re-let (lettable days)	54	32.7	35.7	34.0	<b>30.0</b>	↑	10 max	17.5	■

Indicator		Year end 20/21	Q1 21/22	Q2 21/22	Q3 21/22	YTD 21/22	Trend	Compliance with internal targets	Compliance with Charter (b'marks)	Compliance with Reg Framework (Data confidence)
8	Number of voids over 17 days at the end of the quarter	25	14	34	15	15	↑	N/A	-	
9	Percentage of rent due lost through properties being empty	1.0%	1.1%	1%	1.4%	1.2%	↓	0.5% max	0.4%	
10	Percentage of new tenancies sustained for more than a year	89%	No tenancies started in Q1 last year	94%	90%	91%	↓	90%	88%	
<b>Estate Management</b>										
11	Percentage of anti-social behaviour cases resolved within locally agreed timescales	94%	92%	93%	97%	94%	↑	95%	-	
12	Number of properties recovered for anti-social behaviour	0	0	1	2	3	-	N/A	-	
<b>Repairs &amp; Improvements</b>										
13	Average hours taken to complete emergency repairs	1.6	1.7	1.8	1.7	1.8	↑	2 max	2.5	
14	Average days taken to complete non-emergency repairs	5.7	4.6	7.7	6.3	5.7	↑	5 max	5.1	
15	Percentage of repair appointments kept	89%	99%	88%		92%	↓	98%	-	
16	Percentage of repairs completed right first time	89%	93%	84%	81%	86%	↓	90%	94%	
17	Percentage of customers satisfied with the repairs service	92%	96%	93%	87%	92%	↓	95%	87%	
18	Percentage major works post-inspected	-	Post-inspections restarted in July	94%	82%	88%	↓	100%	-	
19	Percentage of gas safety checks due that were completed on time	86%	100%	99.6%	100%	99.7%	→	100%	-	
20a	Percentage of properties meeting EESSH1	94%	94%	94%	94%	94%	→	94%	89%	

Indicator		Year end 20/21	Q1 21/22	Q2 21/22	Q3 21/22	YTD 21/22	Trend	Compliance with internal targets	Compliance with Charter (b'marks)	Compliance with Reg Framework (Data confidence)
20b	Percentage of properties meeting EESSH2	-	13%	14%	15%	15%	↑	TBC	-	
Factoring										
21	Factoring income collected as a percentage of the factoring arrears balance	63%	59%	56%	60%	58%	↑	65%	-	
Customer Contact & Complaints										
22	Number of My Home portal users	660	712	776	853	853	↑	1500 by year end	-	
23a	Number of phone calls received	36,079 (for year)	11594	18902	26,652	57,148	↓	9000 max	-	
23b	Average call waiting time (minutes)*** its longer than this report can take up to 40 min***	1.1	2.1	4.7	5.0	3.9	↓	3 max	-	
24	Number of customers at counter	0	0	247	238	247	→	TBC	-	
25a	Percentage of Frontline complaints responded to within 5 working days	90%	80%	78%	75%	78%	↓	95%	-	
25b	Average number of working days to resolve Frontline complaints	3.4	4.4	4.9	4.5	4.6	↑	4 max	3.2	
26a	Percentage of Investigation complaints responded to within 20 working days	91%	95%	69%	90%	86%	↑	95%	-	
26b	Average number of working days to resolve Investigation complaints	17.2	15.1	19	12.5	15.5	↑	15 max	14.5	
27	Percentage of Freedom of Information requests responded to within 20 working days	100%	50%	100%	100%	83%	↑	95%	-	
Human Resources										
28	Percentage of staff from ethnic minority backgrounds	4.4%	3.4%	4.6%	4.0%	4.6%	↓	5%	-	
29	Percentage staff turnover (cumulative throughout the year)	13.2%	7.9%	8.1%	0.0%	16%	↑	12% max for year	14%	

Indicator		Year end 20/21	Q1 21/22	Q2 21/22	Q3 21/22	YTD 21/22	Trend	Compliance with internal targets	Compliance with Charter (b'marks)	Compliance with Reg Framework (Data confidence)
30a	Percentage total staff sickness absence	7.9%	6.6%	5.7%	9.2%	<b>7.2%</b>	↓	4% max	4.6%	
30b	Percentage short term staff sickness absence	1.4%	1.4%	1.5%	2.5%	<b>1.8%</b>	↓	1.5% max	-	
30c	Percentage long term staff sickness absence	6.5%	5.2%	4.2%	6.8%	<b>5.4%</b>	↓	2.5% max	-	

## Areas Working towards Compliance (red)

<p><b>1&amp;3</b></p>	<p><b>RENT ARREARS</b></p> <p>The level of rent arrears has remained consistent when compared to the previous quarter and the slight reduction is predominantly due to the write off of £32k which was approved by the Board at their October meeting. The annual reduction in rent payments as a result of Christmas has impacted on performance due to team annual leave and the extended period that the office is closed over the holidays. It has also been identified that some members of the team are not starting the process early enough and escalating cases in line with the process which has also affected performance.</p> <p><b>Improvement action:</b> Monthly management meetings continue to review and analyse individual and team performance and monitor improvement actions. A performance management framework has been introduced which also includes random sampling and will allow the Managers to identify any areas of performance which is causing concern and implement appropriate action to deal with any issues on an individual and team basis.</p>
<p><b>7&amp;9</b></p>	<p><b>AVERAGE TIME TO RE-LET PROPERTIES &amp; VOID RENT LOSS</b></p> <p>The average time to let void properties has remained above the target of 17 days, however, we have seen a decrease in the number of properties void for more than 17 days at the quarter end. This has impacted on the void rent loss and the overall time to let properties. We are seeing an increasing number of voids with tampered meters which can delay a property being let for weeks whilst we wait for the utility company to attend and resolve any meter issues. The recent internal audit report identified some gaps in the process which are impacting on our ability to manage voids efficiently.</p> <p><b>Improvement action:</b> Implement the actions from the recent void audit, follow up on the actions presented to Board to include learning from our G8 partners and implementing the void clearance project. In addition, Senior Management will continue to oversee the void management process and guidance will be provided to Housing Officers so that tampered meters can be picked up at transfer inspections and the two-yearly visits, which are due to start later this year.</p>
<p><b>14,16,17, 18 &amp;19</b></p>	<p><b>REPAIRS &amp; IMPROVEMENTS</b></p> <p>The percentage of repairs completed right first time has fallen from 84% to 81%. Although December has seen an increase to 87%. The Performance and Governance Manager is investigating which report is required for calculating the number of repair appointments kept.</p> <p><b>Improvement action:</b> Performance is being addressed with Turners via contract management and the introduction of a performance improvement plan.</p>
<p><b>23a</b></p>	<p><b>NUMBER OF PHONE CALLS RECEIVED</b></p> <p>The number of telephone calls remain high, and an interim solution was investigated with the current call system provider to improve the data collected from calls and the level of productivity within the team but there was limited scope to pursue this. It is recognised that a new phone system will be required to improve call handling and customer experience, and this is an exercise which will be rolled out in 2022/23.</p> <p><b>Improvement action:</b> My Home is now live, and an ongoing promotional campaign is in place to promote the benefits of using the new system. Posters advertising the new system will also be displayed in all closes. A demand analysis was recently carried out on calls and the main reasons for calling the Association were to make a payment, report/follow up on a repair and to discuss a housing application predominantly related to Rothes Drive. Some minor changes to the phone system to try and limit customer waiting times, which can be implemented now, will include an automated payment system which will mean that customers will no longer have to speak to a member of staff when making a payment over the phone. The allocation of the units at Rothes Drive is now complete and this has meant that enquiries about the new development have reduced.</p>

25	<p><b>FRONTLINE COMPLAINTS</b></p> <p>The percentage of frontline complaints responded to within 5 working days has dropped to 75% in quarter 3. The average time to respond was 4.5 working days, indicating that the length of time to close a complaint is decreasing. Weekly reminders continue to be sent by Corporate Support to all staff with open complaints, with a separate email sent to all managers requesting that they assist with follow up within their team.</p> <p><b>Improvement action:</b> The Performance &amp; Governance Manager now analyses the complaints reports on a monthly basis for all complaints that have not been responded to on time. This report is discussed at the monthly operations meeting. Training for the Customer Contact Team is booked for 16<sup>th</sup> February 2022. This will hopefully lead to an increase in complaints being closed at first contact.</p>
26	<p><b>INVESTIGATION COMPLAINTS</b></p> <p>The percentage of investigation complaints responded to within 20 working days has increased to 90% in quarter 3. The average time to respond has also, indicating that the length of time to close a complaint decreased significantly in quarter from 19 to 12.5 working days.</p> <p><b>Improvement action:</b> Please see improvement action for Frontline Complaints. Training is booked for 16<sup>th</sup> February 2022.</p>
27	<p><b>FREEDOM OF INFORMATION</b></p> <p>There were 2 FOI requests responded to this quarter which were responded to on time. The YTD figure sits below target due to the small number of requests received.</p> <p><b>Improvement action:</b> No improvement action required at this time.</p>
29	<p><b>STAFF TURNOVER</b></p> <p>Turnover has decreased for this quarter to 0.0% as there has been no leavers this quarter which is positive. The annual maximum target is 12%, equating to 3% maximum per quarter.</p> <p><b>Improvement action:</b> The HR Team plan to further analyse exit interview data to ensure they proactively analyse the reasons for leaving and where possible reducing staff turnover.</p>

30

**STAFF ABSENCE**

Long- and short-term absence have both increased through Q3.

Long term sickness (LTS)- there were 7 people absent due to LTS in Q3. The LTS are related to; severe mental illness, recovery from surgery, bereavement, pregnancy related, work related stress and terminal illness. Out of the LTS only one absence is related to work the other LTS are non-work related.

Short term absence increased for Q3. This increase in short term absence is mainly due to other non-Covid related viral infections such as cold/flu. The absence is very sporadic for short term and there are no patterns or trends identified in these absences. Q3 historically sees spikes in short term absences due to seasonal illnesses.

**Improvement action:**

LTS- all LTS are managed under the absence management procedure and regular welfare meetings take place as well as engagement with Occupational Health and GP's/Consultants as required. Five of those employees absent under LTS are absent due to unpredictable absences that even with full support would have still resulted in an absence. The HR team work with the managers to ensure staff feel able to return sooner due to feeling supported and engaged/communicated with throughout their absences.

For the employees absent due to work related stress, work is being carried out with the managers to identify learning and identifying where preventative measures could have been put in place sooner. Additional support will be put in place for managers in dealing with staff who are displaying symptoms of work-related stress and capturing learning from their 1-2-1's. Occupational Health referrals have taken place, along with EAP services. Feedback and completion of the stress questionnaire by the employees has also allowed work to be carried out on where red flags could have been spotted sooner and measures put in place.

Short term absence- this will be monitored going into Q4, to continue to review the reasons for absences and to identify if any trends or absence patterns emerge.



## COMPLAINTS AND CUSTOMER FEEDBACK

### QUARTERLY REPORT – Q3 (OCTOBER TO DECEMBER 2021)

#### Complaints

The tables below show the complaints resolved during quarter 3 by service area and type, sorted by those most prevalent. The trend arrows indicate whether this quarter's figure is better or worse than the previous quarter. The number of these complaints that were upheld is also shown as useful context.

Service Area	Frontline	Investigation	Total	Trend	As % of all	Upheld	Resolved
Reactive Repairs	62	16	78	↓	66%	32	25
Gas Servicing	7	1	8	↓	7%	3	2
Housing Management	5	0	5	↑	4%	4	0
ASB	4	1	5	↓	4%	2	1
Estate Management	2	2	4	↓	3%	1	0
Tenancy Issues	3	1	4	↓	3%	1	1
CCT	1	2	3	↓	2.5%	1	1
Cyclical Maintenance	2	1	3	↓	2.5%	1	1
Concierge Service	2	1	3	↓	2.5%	1	0
Factoring	0	2	2	↑	2%	1	0
Planned Maintenance	1	1	2	↑	2%	1	0
Allocations	0	1	1	↑	0.5%	1	0
<b>Total</b>	<b>90</b>	<b>29</b>	<b>119</b>	<b>-</b>	<b>-</b>	<b>49</b>	<b>31</b>

Type	Frontline	Investigation	Total	Trend	As % of all	Upheld	Resolved
Long standing issues not addressed	29	13	42	↓	35%	18	11
Poor quality	32	7	39	↑	33%	9	14
Difficulty accessing service	10	1	11	↓	9%	5	1
Missed appointment	4	5	9	↑	8%	5	2
Poor communication	8	1	9	↓	8%	6	2
Disagree with previous decision	2	2	4	→	3%	2	0
Staff attitude	3	0	3	↑	2%	1	2
No response to previous enquiry	2	0	2	↑	2%	1	0
<b>Total</b>	<b>90</b>	<b>29</b>	<b>119</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>32</b>

## Learning from Complaints

The Learning from Complaints Group was relaunched in November 2021. This Group seeks to ensure that the Association captures any learning from complaints that have been received and to implement corrective and preventative actions to improve our future performance on complaints.

Areas identified by the Group at its February 2022 meeting were:

- Complaints were being allocated incorrectly; this will be addressed through complaints training on 16<sup>th</sup> February.
- Pest Control Policy and Procedures weren't always followed correctly in recent vermin complaints, these will be reviewed by May 2022 to ensure a consistent approach.
- A reporting error in SDM was discovered and rectified – this caused a short-term increase in complaints about unresolved issues, but this should not be the case going forward.
- Performance of our main contractor, Turners, is currently under scrutiny as there has been an increase in customer complaints regarding them not turning up on time.

## Customer Feedback

### Repairs

#### Repairs Satisfaction – Themes & Trends Update

##### Q3 – October to December

	% Satisfied Total (Includes Turners, Gas Call, and all other contractors).	SMS Sent	Responses
<b>October</b>	88%	420	56
<b>November</b>	82%	372	60
<b>December</b>	90%	330	47

Customer satisfaction has declined in Reactive Repairs. There has also been an increase in the volume of reactive repairs complaints.

## Return Rate

The average return response rate has improved vs the last quarter however this remains low in comparison to the overall number of text messages that are sent to customers. We hope this will improve following the implementation of Turners status text message notification system. On completion of a job, Turners will remind customers they can win a £25 Tesco Voucher by providing feedback.

## Positive Feedback

- **Contractor attitude.** Customers have feedback that operatives are polite and friendly when carrying out a repair. Customers feel safe with the precautions that contractors are taking. The precautions taken are wearing full PPE, minimising contact with customer when working in customers' homes and asking the necessary COVID screening questions.
- **Text Message Notification System** – Customers feel that communication has improved. Customers are now text at various parts of the repair journey. Text messages are sent when the job is booked with the appointment date/time, a reminder text the night before, a text message when the operative is en-route and final text encouraging customers to feedback on their repair.
- **My Home Customer Portal** – Customers are impressed with the accessibility of the repair service. Customers can now book appointments online via our My Home customer portal at a date/time that suits them best. Customers can book appointments within a 2 hour-window slot including evenings and weekends.

## Negative Feedback

- **Duration of time to carry out repairs** - Routine and major works jobs taking far too long to be carried out. It was identified that there were over 900 open jobs on the system going back to April 21 and a considerable proportion of those jobs were over the target completion date. This was due to a formula issue with the open job report that was developed by SDM. We then began a process of contacting customers to apologise for the delay in getting their repair carried out and arranged a suitable appointment with the customer. The problem with the report is now resolved and the open job report is getting run each day by a member of the customer contact team (CCT). This issue has resulted in the highest number of poor customer satisfaction. Turners are also failing to attend jobs on time, and this being managed through a formal performance improvement plan (PIP).
- **Change of confirmed appointments** - Contractor changing the original appointment time. Customers are unimpressed that the contractor is calling to re-book another time to carry out the repair after they have appointed the original job. Customer Services Manager is working with Turners to develop a report that enables MHA to track when appointments are being changed so this can be managed with the contractor. It has been discussed and formally minuted with Turners that appointment changes should only be done in exceptional circumstances, e.g., inclement weather / accident / customer request.

## Anti-Social Behaviour

The number of surveys completed during quarter 3 has reduced again on previous quarters. Discussions have taken place with the Housing Management Team to ensure completion of the survey, this will be monitored through one to ones and performance audits completed monthly by the Housing Managers.

Satisfaction with our handling of ASB cases remains on target with year-to-date figure being 81% however it should be noted that there were no surveys completed in October 2021, which will impact the year-to-date figure. The satisfaction rate for November 2021 increased to 66.7% and increased again in December 2021 to 100%.

Most of the feedback from those who have completed the survey has been positive, with some customers expressing the need for more face-to-face contact rather than telephone contact. For those who were not satisfied with our handling of the cases this was around lack of communication. This feedback has been taken into consideration and the process of compliant handing has been reviewed with an awaiting report

being developed to ensure that Housing Officers do not lose sight of the ASB complaints that develop into cases.

The operational process for Housing Officers managing Anti-Social complaints has been reviewed, new standard letter templates have been developed to ensure consistency of approach and management of ASB cases.

### **New Tenants**

New tenant surveys are now being carried out by telephone and a further 24 surveys have been obtained for new lets during the quarter, this is a slight increase from the 2<sup>nd</sup> quarter and is not at the level we are striving to achieve. New Tenant visits have been resumed and we expect to see an increase in completion levels in the next quarter.

Satisfaction levels remain high, with 96.4% of the new tenants surveyed stating that they were either fairly or very satisfied when moving in.

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

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**Overall Performance against Budget**

This document provides the financial commentary on the department variances and the anticipated outturn for the period ended 31 December 2021.

The attached document is the Management Accounts to 31 December 2021, which details the outturn position for the year to date.

The Statement of Comprehensive Income shows an operating surplus of £1,936,321 for the year against a budgeted surplus of £1,255,099.

The Statement of Financial Position highlights movements in assets and liabilities, cash and reserves. Cash balances have reduced in month with HAG funding ending and utilising the cash reserves for the Development projects. This has resulted in a closing balance of £5,606,462.

The operating surplus has been adjusted for the sale of one shared ownership property, interest earned on cash balances resulting in an overall surplus of £1,543,271 for the year to date, against a budgeted surplus of £960,349.

The operating surplus variance continues to be high against budget due to slow start of some Investment contracts due to lockdown, mainly within the ASHP project. The Cyclical project delays are due to access issues, which has been addressed.

The outturn projection for the full year shows an adjusted operating surplus of £1,163,852 against a budgeted full year surplus of £1,564,931. The manually adjusted Statement of Finance Position Capital and Reserves for the full year has a reduced to £32,179,721 against a budgeted balance of £32,580,800. In December an exercise to identify projects with a variance of over £10,000 has been undertaken to consider year end outturn and agree the best course of action. The outcome of this review is listed in the tables on page 7.

The information includes a Statement of Cashflow which shows the movement in funds for the year.

The covenant calculations are in line with the new Loan arrangements which provide confirmation that the Association meets the RBS Covenant ratios and gearing measures. The covenant calculation takes account of the adjustment to the covenant now in place with RBS in respect of the impact of Covid-19 on the investment programme, this allows up to £1.9m to be removed from the covenant calculation over 3 years.

The main variances against budget are detailed below.

**Key:**

	In line or better than budget with positive impact on bottom line outturn, or currently over budget but anticipated to come into line
	Performance significantly different from budget and whilst might improve outturn may result in a service delivery delay or yet unconfirmed potential overspend
	Unfavourable variance from budget not expected to improve therefore impacts on the bottom line outturn

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

<b>+/-</b>	Income - positive value indicates there is more income than anticipated in budget. Income - negative value indicates there is less income than anticipated in budget. Costs - a positive value indicates there is less expenditure than anticipated in budget. Costs - negative value indicate there is more expenditure than anticipated in budget.
<b>%</b>	Percentage of variance against annual budget

**Variations over £5k**

Income	+ / -	£	%	Comments
Rent Loss from Voids	-	48,848	62.3%	There are 23 voids at end of December, a decrease of 13 from November. There were 15 Voids over 17 days at the end of the month. <i>Outturn adjustment approved</i>
Other Income – Development services	+	25,538	85.1%	Income Higher than budgeted for the Flair Group. Extra work carried out by staff on projects not budgeted for. Linstone HA – CTI scheme and liaising with Scottish Government & Council. As anticipated increased income for full year. <i>Outturn adjustment approved</i>
Factoring Income	-	7,642	5.9%	Actual income variance is under £1k. Bad Debt has decreased by £4k this month from £23k to £19k.  This is a timing variance with Quarter 2 Invoices being issued in November with payments being received in December.
Other Income	-	51,087	9.0%	This variance relates to three separate codes: <ul style="list-style-type: none"> <li>A review has identified that the Digital Inclusion Officer grant £37k has been budgeted in error twice. (£28k)</li> </ul>

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

				<p><i>Outturn adjustment approved</i></p> <ul style="list-style-type: none"> <li>• This is Grant funding for the ASHP install MMPS &amp; RHI, not claimed to date due to team absence, claim to be processed now in Jan 22. (£62k).</li> <li>• Grant income for 3 ERZ invoices for TRA project £19k, Aberlour Grant funding received £2k. £38k</li> </ul>
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<b>Operating Costs</b>	<b>+ / -</b>	<b>£</b>	<b>%</b>	<b>Comments</b>
Management & Maintenance Administration Costs	+	150,220	3.6%	<p>The main underspend relates to absence cover in budget not yet utilised. The Neighbourhood team have an underspend due to 2 vacancies and phasing of budget. Community Regeneration budget overstated by one post as advisor now employed directly by QXHA. Overall variance anticipated to improve slightly in January 2022.</p> <p><i>Outturn adjustment approved</i></p>
Central Overheads	+	97,540	10.4%	<p>The main variance relates to the phasing of the external funding grant within Community Regeneration. There has been duplication of a post in both salary and budget.</p> <p><i>Outturn adjustment approved</i></p> <p>There remains expenditure variances in some overheads, overspends in, Printing &amp; Stationery, Cleaning, Staff Training, offset by underspends in Legal &amp; Professional fees and Equipment Repairs and Maintenance.</p>

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

Planned Maintenance – Direct Costs	+	1,575,265	27.0%	<p>The projects with expenditure to date are:</p> <ul style="list-style-type: none"> <li>• P175 ASHP 266 Cumlodden</li> <li>• P197 Windows P2</li> <li>• P203 Common Area Doors</li> <li>• P206 Roofs Lochburn Rd</li> <li>• P215 RCV</li> <li>• P216 ASHP</li> <li>• P217 Bathroom/Kitchen MM</li> <li>• Stage 3 Adaptations</li> <li>• Alternative Heating</li> <li>• Glenavon Bin &amp; Pump Rooms</li> </ul> <p>There has been a delay in P216 ASHP resulting in a variance of £1M; initial contract delay April to August and two week Covid outbreak in the contractor's team. The project is now ongoing with a little slippage into next financial year, anticipated to be complete by May 22. The P217 Bathroom &amp; Kitchens in the Mini Multis anticipate savings as all surveys now complete, with minimal work required.</p> <p>There are a few smaller projects with; Internal Wall Insulation and Bin Chutes with no expenditure in year and will be cfwd.</p> <p>P175 ASHP 266 Cumlodden there have been issues with some no access and currently a delay with metal works with savings expected.</p> <p><i>Note - outturn adjustments requested not yet approved.</i></p>
Planned Maintenance – Direct Costs – Components due to be Capitalised on Project completion	-	1,334,327	26.2%	<p>The variance relates to the slippage in the capital expenditure to end December 21.</p>
Cyclical Maintenance – Direct Costs	+	406,912	27.4%	<p>The expenditure to December remains low against budget with the largest variances:</p> <ul style="list-style-type: none"> <li>- Periodic Inspections £134,683</li> <li>- Fire Detection £238,416</li> </ul>

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

					<p>Delays in Periodic Inspections are mostly due to access problems, the temp post engagement has improved access rates but the festive break has impacted on numbers; anticipated to improve Jan 22 onwards.</p> <p>There are also some small underspends due to contract delays not starting until May.</p>
Reactive/ Maintenance Costs	Voids – Direct	-	274,551	16.4%	<p>In reactive there is a reduction on the variance at the end of December although repairs continue to be higher than budget. The Customer Services Manager has spoken to several other associations who are having the same issues. This is a knock-on effect from Covid restrictions.</p> <p>There has been an issue discovered with 'missing' orders not showing as completed. A detailed analysis of job orders and expenditure has identified an increase of repairs raised per month of on average 290 from October to December. A revised daily process will review all open jobs to prevent this re-occurring. The average price remains the same, the CSM has reminded team of importance of checking costs and liaising with PO to ensure only necessary repairs are being requested, and VFM. Three quotes are being requested for works over £1k. There is £11k spend due to rodents.</p> <p>The void expenditure to December 21 is £497,756 against budget of £338,439.</p> <p>The work to date on 193 properties, based on current expenditure has an average cost of £2,579 (£2,603 Nov).</p> <p>High decoration costs have increased the average cost per void, compounded by a number of properties which have not had component replacement.</p>

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

				<p>The Property team have reviewed void processes with Housing Management and City Building and have carried out refresher training for officers on the void standard and introduced a revised approach to redecoration of properties in order to reduce these costs.</p> <p>The outturn at year end if the trend continues will result in a overspend of £212k an improvement from October estimate £290k</p> <p>Outturn adjustment approved</p>
Bad Debts	+	66,511	33.9%	<p>The rent arrears provision continues to be under budget.</p> <p>Total arrears in Dec £748k which is an increase from the arrears in Nov £712k. This is due to increase of £30k current arrears and former arrears £5k.</p> <p>Non-payment of arrangements has risen in month to £23k (£9k)</p> <p>Prior year comparison:  Dec 2020 £785k  Dec 2019 £703k</p>
Depreciation of other Fixed Assets	+	5,320	8.2%	<p>The budget included purchase of new van costs. This was included as a contingency for the bulk uplift project</p>
Property Utilities	-	12,078	7.1%	<p>All costs have been accrued, however, the majority of EDF accounts are based on estimate readings and therefore not giving an accurate bill. The Housing teams are tasked with collating readings.</p>
Other costs	+	92,466	12.0%	<p>The variance is mainly within the Glenavon legal and professional fees which are minimal at present anticipated to remain relatively low to the end of the financial year.</p> <p><i>Outturn Adjustment approved</i></p>

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

**Outturn**

**Outturn and Key:**

A	Approved	Reviewed by Director authorised and actioned in Management Accounts and SDM
P	Process	Outturn adjustment has been raised at the Budget Holder meeting and issued for Director review
D	Declined	A potential outturn adjustment discussed at budget holder meeting and has been rejected

**Outturn Adjustments to December 2021**

Key	From	To	£	Narrative
A	P216-6800 ASHP	6618 Asbestos Survey	10,808	Original budget set at £10k prior to procurement. The tender award is £20,808.
A	5540 L&P Fees	5540 L&P Fees	2,000 (2,000)	Virement between lines in budget code. Increase H&S as anticipate approx. £2k over budget. This will be funded from saving in SPF advice
A	P216-6800 ASHP	P197-6800 Windows Cumlodden	86,979	There was conflicted figures from contractor CCG QS for projection cost into 21/22; resulting in incorrect budget assumption for current year. Costs have now been calculated accurately and virement requested to cover additional costs.
A		7110 Void Rent	62,576	Void rent loss is significantly greater than budget to date, outturn amended to show impact if current trend continues
A		6400 Void Repairs	290,124	Void repair costs are significantly higher than budget to date, outturn amended to show impact of repairs costs continue at current value
A		5390 H&S	23,207	Specialist H&S training required after internal audit. Unable to vire from any other budget.
A		5535 Glenavon Render	(50,000)	Proposed testing of the render scheduled for November 2021 will now not take place until at least March 2022. This will reduce fee spend this financial year.
A		5010 Salary	(20,826)	Reduce Salary provision Sheltered Service lower graded and Development Graduate not in post.
A		8010 Development Income	(30,602)	Increased income from Flair Group works <b>Should this be shown as negative?</b>

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

A		9135 WA Grant Rec	37,093	Post included in both Salary and team budget
A		9148 External Fund	(37,093)	Post included in both Salary and team budget
A		8130 Development Services	13,600	Additional work on 4 A/B Shiskine PI and 5 Leyden St
A		7270 Loan Interest	48,000	Brixx interest calculation error on end of fix.
A		9162 Negative Goodwill	65,000	Correction of overstatement in release of negative goodwill due to implementation of Capital new useful lives.

All the above have been processed and updated on SDM and the outturn adjusted.

**The following outturn adjustments have been raised and are under review:**

Key	Code	Name	£	Cap/Exp/Rev
P	6601	Gas Servicing	20,000	Expenditure
P	6603	Periodic Electrical Inspections	(25,000)	Expenditure
P	6607	Mechanical & Electrical Compliance	(25,000)	Expenditure
P	6610	Clean Tanks	(29,000)	Expenditure
P	6619	Fire Detection	(270,000)	Expenditure
P	9000154	Hathaway Oran Bin Chutes	(55,080)	Expenditure
P	9000175	ASHP Cumlodden	(32,465)	Capex
P	9000199	Stoneworks	(54,000)	Expenditure
P	9000205	Internal Wall Insulation	(69,000)	Expenditure
P	9000206	Roof Repairs/Renewal - Lochburn	(20,000)	Expenditure
P	9000209	Back Door - Hazlitt Place	(13,000)	Capex
P	9000221	HHR - Glenavon	42,000	Capex
P	9000201	Improvements Common Tanks	(36,720)	Expenditure
P	9000222	Environmental Agency Work	(15,600)	Expenditure
P	9000216	ASHP Project – Glass Brick	(196,300)	Capex
P	9000217	K&B MM	(262,000)	Capex
P	9000216	ASHP Project - Install	(545,305)	Capex
P	9150	Wider Action Costs	(10,000)	Expenditure
P	5240	Overheads - Cleaning costs	21,780	Expenditure

The above equate to a total reduction in expenditure of £1,574,690, although as noted a few of the adjustments are capital, totalling £1,007,070 and therefore the potential net outturn adjustment is an increase of £567,620.

The following outturn adjustment have been discussed at the Budget Holder meetings and an outturn adjustment has been declined:

**MARYHILL HOUSING ASSOCIATION LIMITED**  
**SUMMARY INCOME AND EXPENDITURE REPORT WITH COMMENTARY TO AUDIT AND**  
**RISK COMMITTEE**  
**MANAGEMENT ACCOUNTS TO 31 DECEMBER 2021**

<b>Code</b>	<b>Name</b>	<b>£</b>	<b>Narrative</b>
7120	Bad Debt Provision	66,810	
6000	Reactive Repairs	(110,678)	Awaiting outcome of review to calculate outturn
9000215	RCV	33,268	Anticipated to meet budget
9000255	Stage £ Adaptations	(10,728)	Anticipated to meet budget
7000	Major Repairs Grant	(247,061)	Once reviewed may raise adjustment in Jan22
7305	Common Electricity	(12,078)	Estimated - requested meter readings
5540	Legal & Professional Fees	38,397	Director Meeting review
8150	Other Development Costs	(10,585)	Grant funds received

<b>Factoring as at year to 31 December 2021</b>				
	<b>Actual ytd</b>	<b>Budget ytd</b>	<b>Variance</b>	<b>Annual Budget</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Income</b>	88,908	96,550	(7,642)	128,733
<b>Expenditure</b>	101,900	102,773	873	137,030
<b>Surplus/(Deficit)</b>	<b>(12,992)</b>	<b>(6,223)</b>	<b>(6,769)</b>	<b>(8,297)</b>

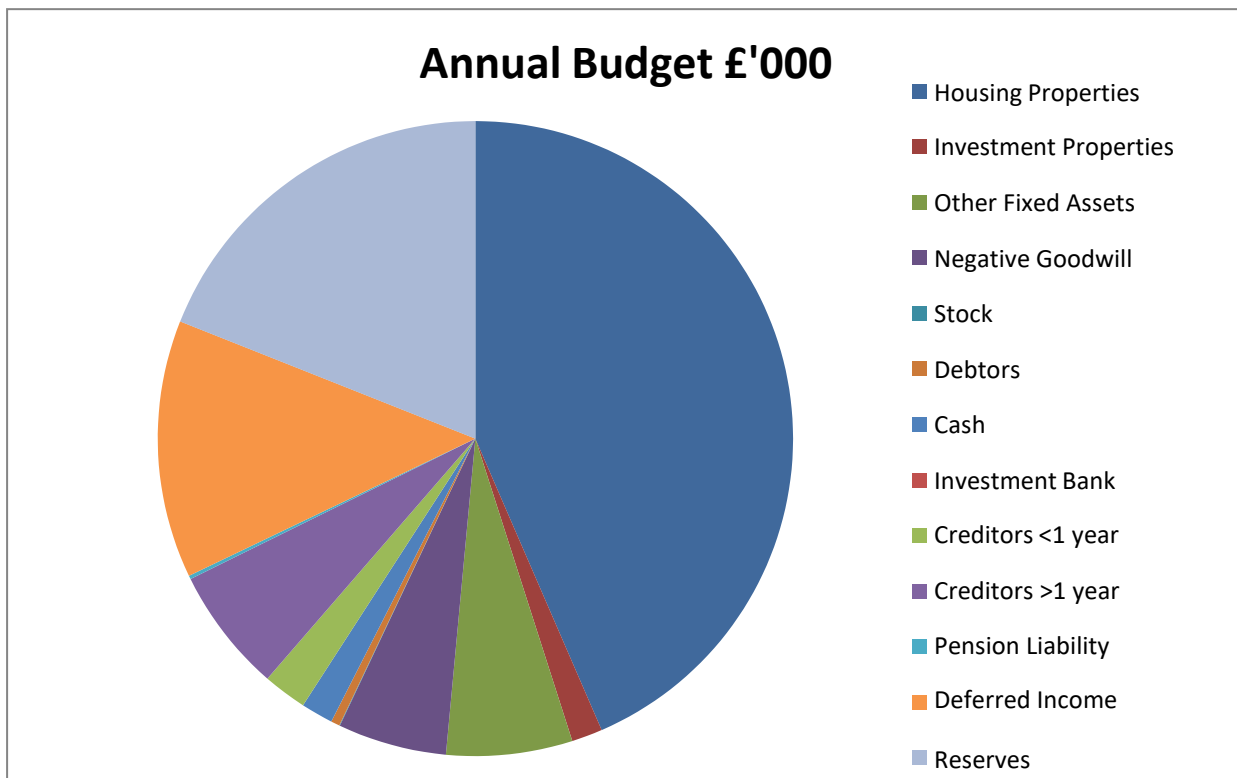
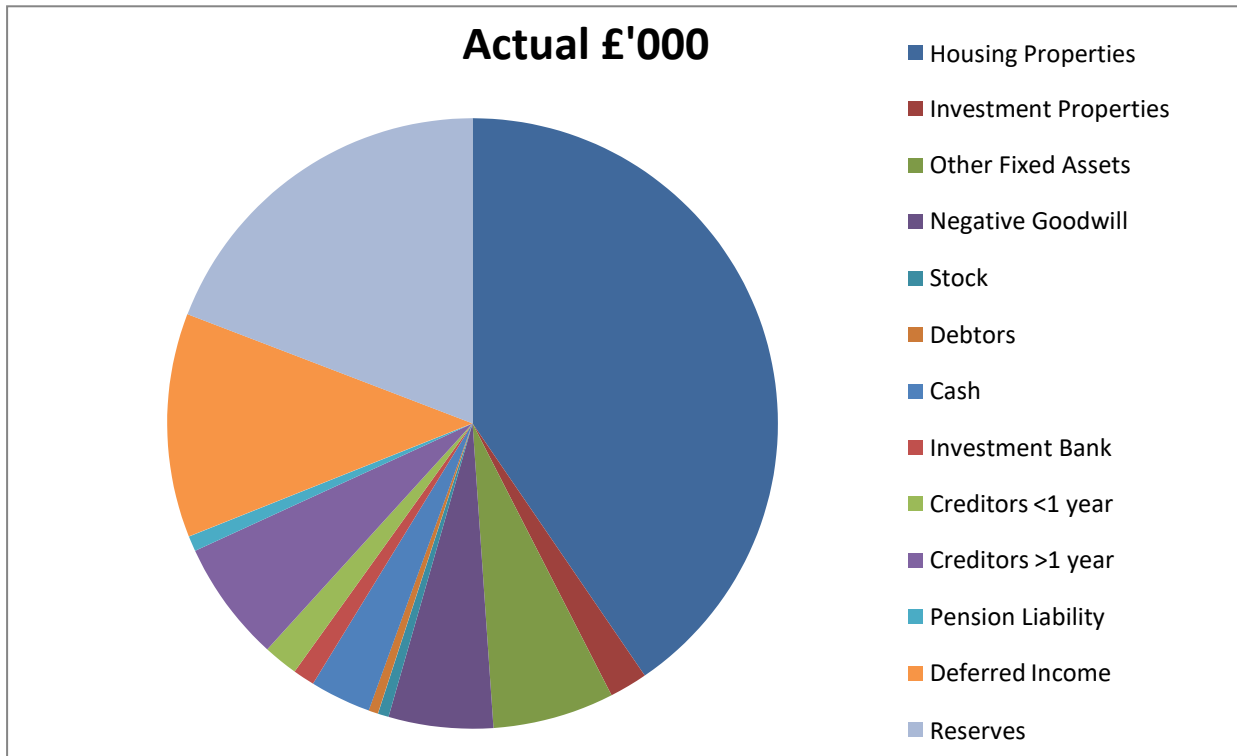
**MARYHILL HOUSING ASSOCIATION LTD**  
**INCOME & EXPENDITURE SUMMARY ACCOUNTS**  
**FOR THE PERIOD TO 31 DECEMBER 2021**

	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Annual Budget</b>	<b>Forecast</b>	
	31/12/2021	31/12/2021	31/12/2021	31/03/2022	31/03/2022	
	£	£	£	£	£	
Gross rents and service charge, inc SO	9,893,743	9,898,662	(4,919)	13,198,216	13,198,216	0.0%
Gross rents and service charges	9,893,743	9,898,662	(4,919)	13,198,216	13,198,216	
Rent loss from voids	(107,648)	(58,800)	(48,848)	(78,400)	(140,976)	62.3%
<b>Net rent and service charges</b>	<b>9,786,095</b>	<b>9,839,862</b>	<b>(53,767)</b>	<b>13,119,816</b>	<b>13,057,240</b>	
Other income -Development Services	48,038	22,500	25,538	30,000	60,602	85.1%
Other income - SHG Amortisation	244,343	247,239	(2,896)	329,653	329,653	-0.9%
Factoring Income	88,908	96,550	(7,642)	128,733	128,733	-5.9%
Commercial Income	17,559	19,115	(1,556)	25,486	25,486	-6.1%
Other income	190,115	241,201	(51,087)	568,663	531,570	-9.0%
<b>TURNOVER</b>	<b>10,375,058</b>	<b>10,466,467</b>	<b>(91,410)</b>	<b>14,202,351</b>	<b>14,133,284</b>	
Less Operating costs:						
Salary, other staff costs & recruitment	2,977,868	3,128,087	150,220	4,215,223	4,207,997	3.6%
Central Overheads	605,769	703,310	97,540	940,943	927,057	10.4%
Planned Maintenance-Direct Costs	2,758,186	4,333,451	1,575,265	5,835,718	5,824,910	27.0%
Planned Maintenance-Capitalised	(2,385,533)	(3,719,860)	(1,334,327)	(5,102,032)	(5,102,032)	26.2%
Cyclical Maintenance - Direct Costs	705,070	1,111,982	406,912	1,482,643	1,493,451	27.4%
Reactive/Voids Maintenance-Direct Costs	1,531,951	1,257,401	(274,551)	1,676,534	1,966,658	-16.4%
Bad debts	80,639	147,150	66,511	196,200	196,200	33.9%
Sheltered Non Salary Service Costs	21,809	23,835	2,026	31,213	31,213	6.5%
Depreciation on Housing Properties	1,350,445	1,351,808	1,363	1,802,410	1,802,410	0.1%
Depreciation on Other Fixed Assets	43,196	48,516	5,320	64,688	64,688	8.2%
Property Insurance	270,027	266,366	(3,661)	355,155	355,155	-1.0%
Property Utilities	139,074	126,996	(12,078)	169,328	169,328	-7.1%
Other Costs	483,920	576,386	92,466	768,474	718,474	12.0%
Development Admin costs capitalised	(143,685)	(144,061)	(375)	(192,081)	(192,081)	0.2%
VALUE FOR MONEY SAVINGS				-	-	
<b>OPERATING COSTS</b>	<b>8,438,736</b>	<b>9,211,367</b>	<b>772,632</b>	<b>12,244,417</b>	<b>12,463,429</b>	
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>1,936,322</b>	<b>1,255,099</b>		<b>1,957,934</b>	<b>1,669,855</b>	
Sale of fixed assets	-	-	-	-	-	
Interest receivable and other income	1,845	3,375		4,500	4,500	
Interest payable and similar charges	(560,848)	(521,025)		(694,700)	(742,700)	
SHAPs Finance Charges						
Release of negative goodwill	165,954	222,899		297,198	232,198	
<b>SURPLUS/(DEFICIT) ON ORDINARY ACTIVITIES</b>	<b>1,543,271</b>	<b>960,349</b>		<b>1,564,931</b>	<b>1,163,852</b>	
<b>(To)/From Reserves</b>	<b>1,543,271</b>	<b>960,349</b>		<b>1,564,931</b>	<b>1,163,852</b>	
	(0)	(0)		(0)	(0)	

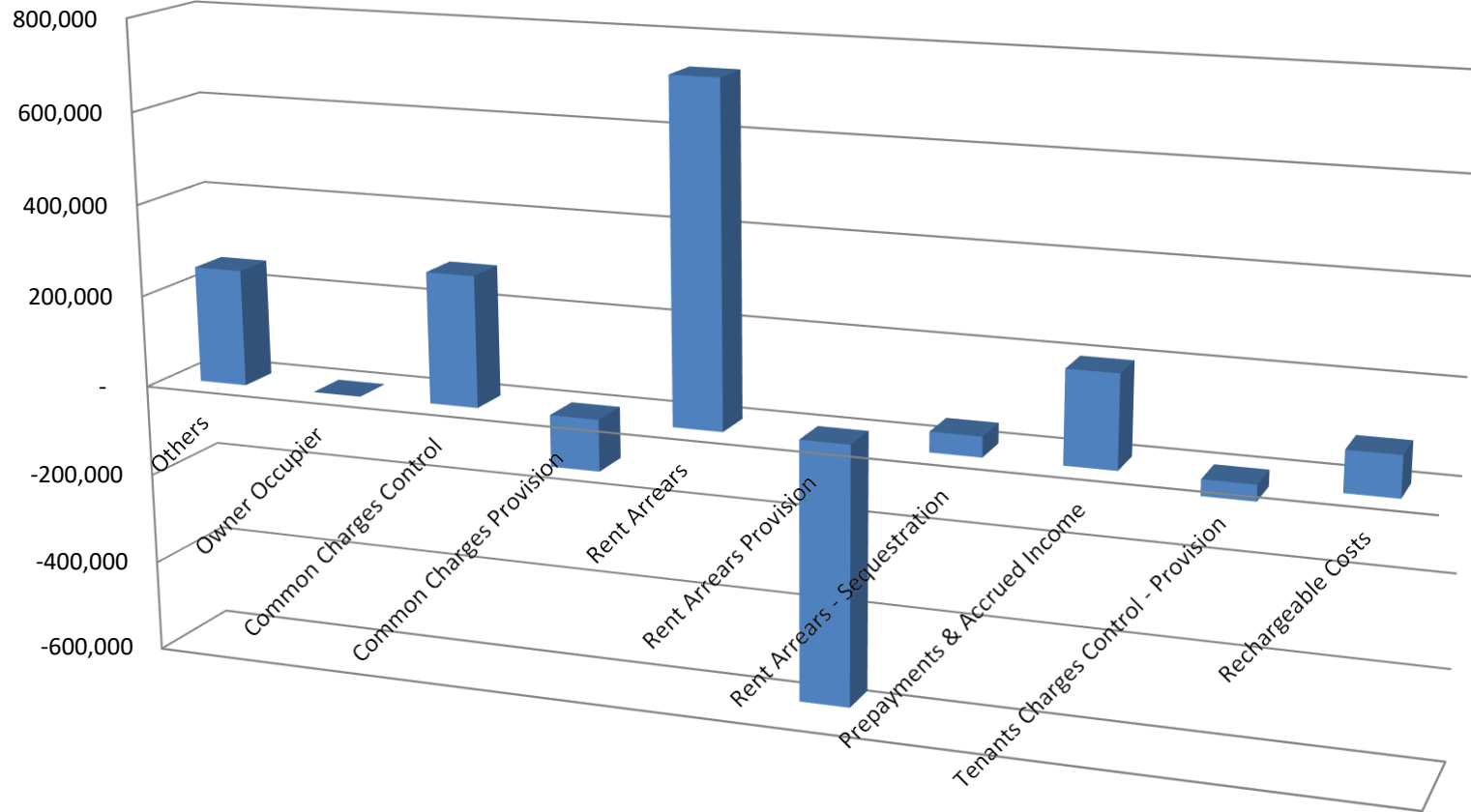
**Maryhill Housing Association**

**Visual Reports – December 2021**

**Balance Sheet**



## Debtors Breakdown December 2021



# Planned Maintenance Projects

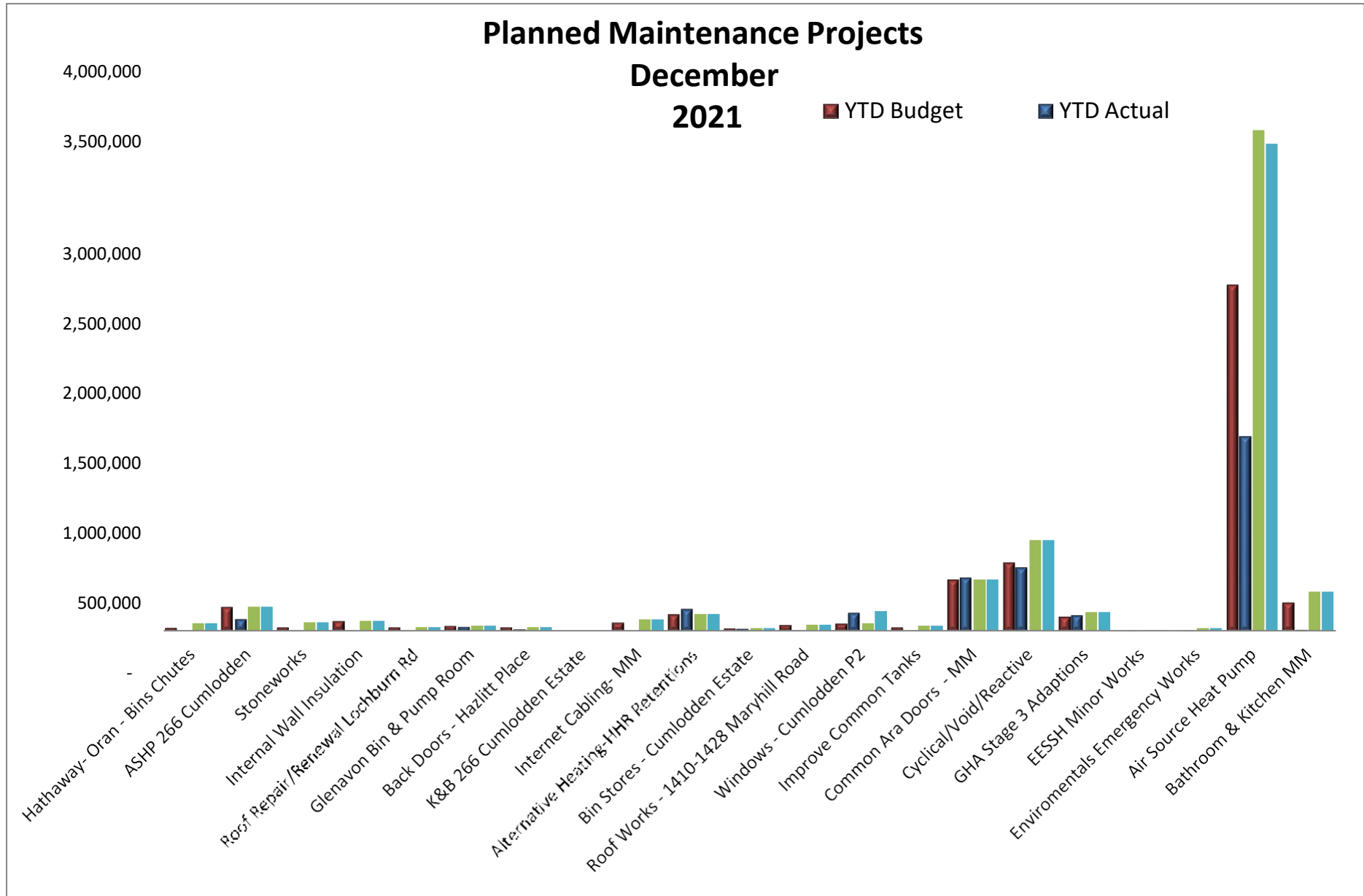
December  
2021

■ YTD Budget

■ YTD Actual

4,000,000  
3,500,000  
3,000,000  
2,500,000  
2,000,000  
1,500,000  
1,000,000  
500,000

Hathaway- Oran - Bins Chutes  
ASHP 266 Cumloddan  
Stoneworks  
Internal Wall Insulation  
Roof Repair/Renewal Lochburn Rd  
Glenavon Bin & Pump Room  
Back Doors - Hazlitt Place  
K&B 266 Cumloddan Estate  
Internet Cabling- MM  
Alternative Heating- HHR Retentions  
Bin Stores - Cumloddan Estate  
Roof Works - 1410-1428 Maryhill Road  
Windows - Cumloddan Road  
Improve Common P2  
Common Ara Doors  
Cyclical/Void/Reactive  
GHA Stage 3 Adaptors  
EESH Minor Works  
Environmental Emergency Works  
Air Source Heat Pump  
Bathroom & Kitchen MM



# Cyclical Projects

December

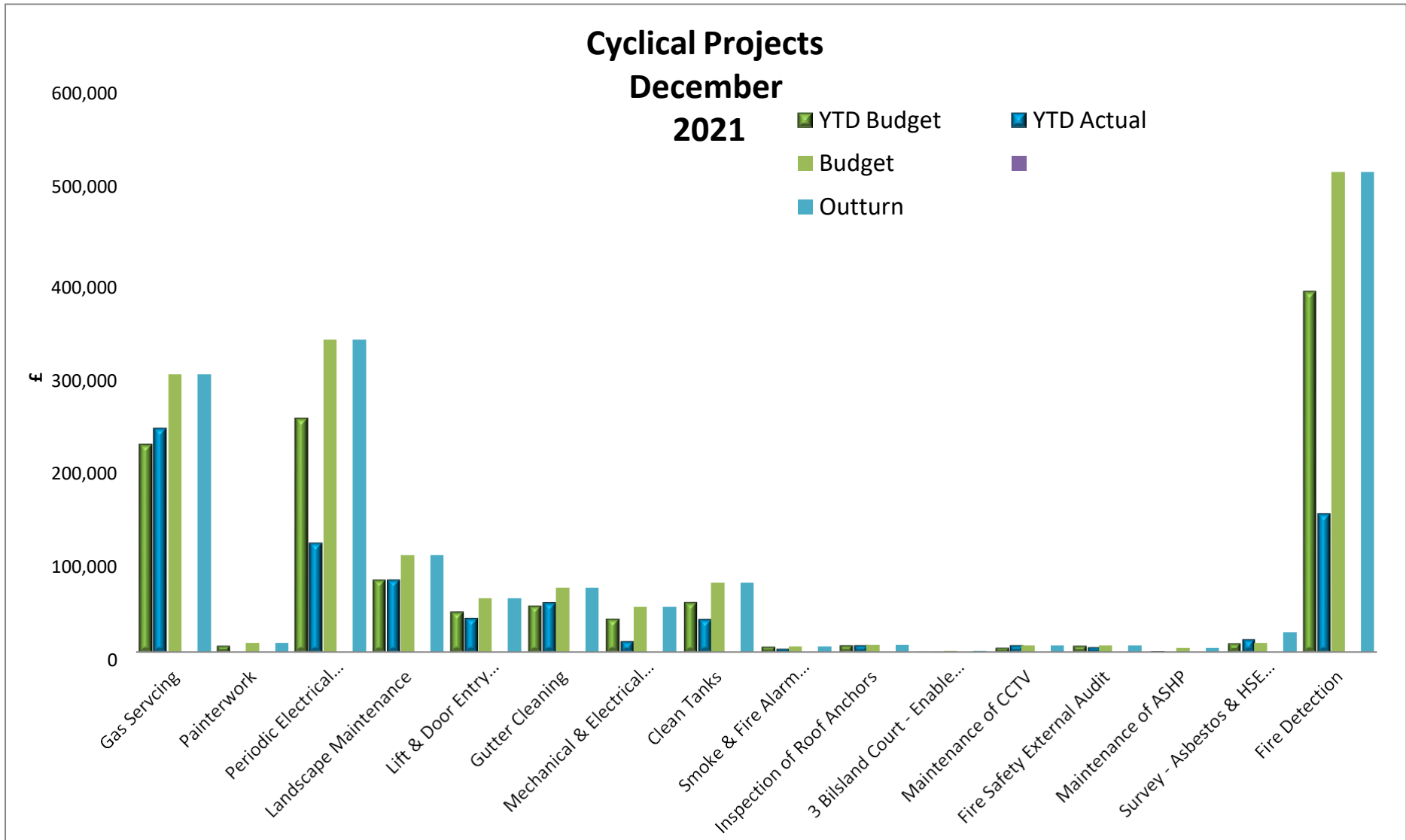
2021

- YTD Budget
- YTD Actual
- Budget
- Outturn

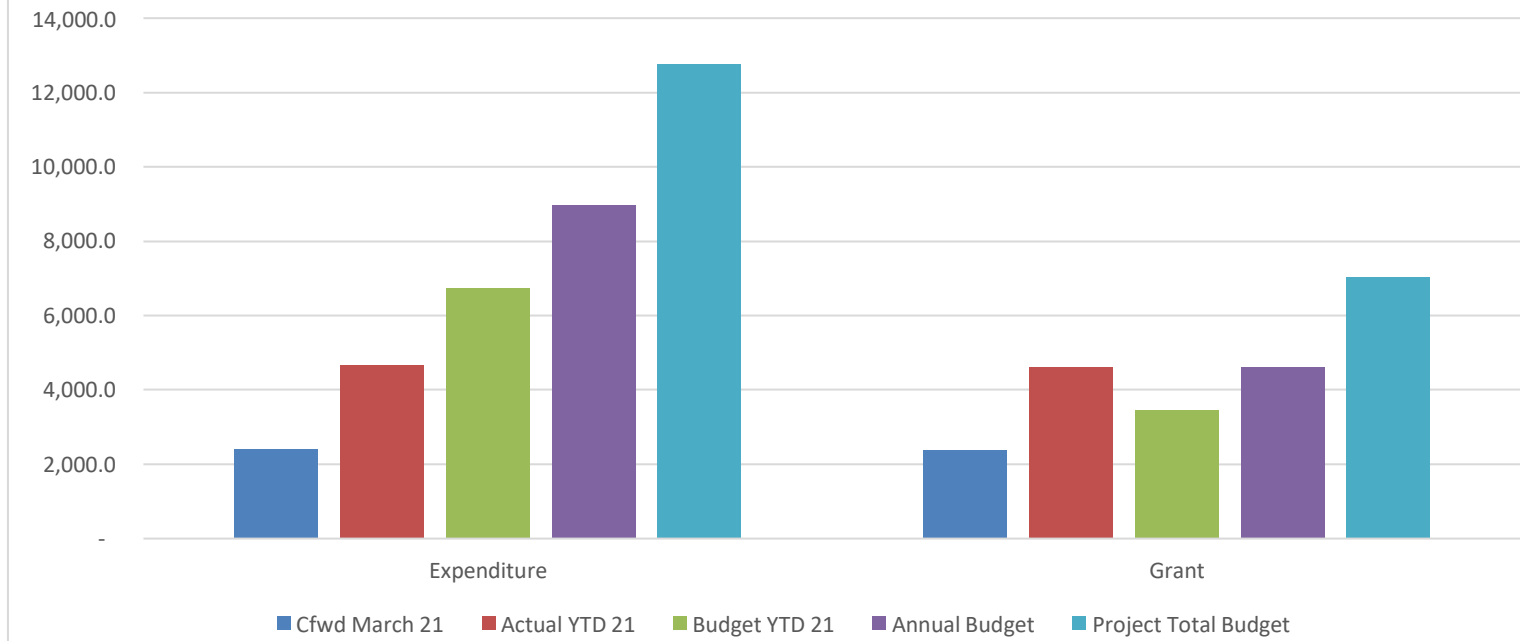
600,000  
500,000  
400,000  
300,000  
200,000  
100,000  
0

£

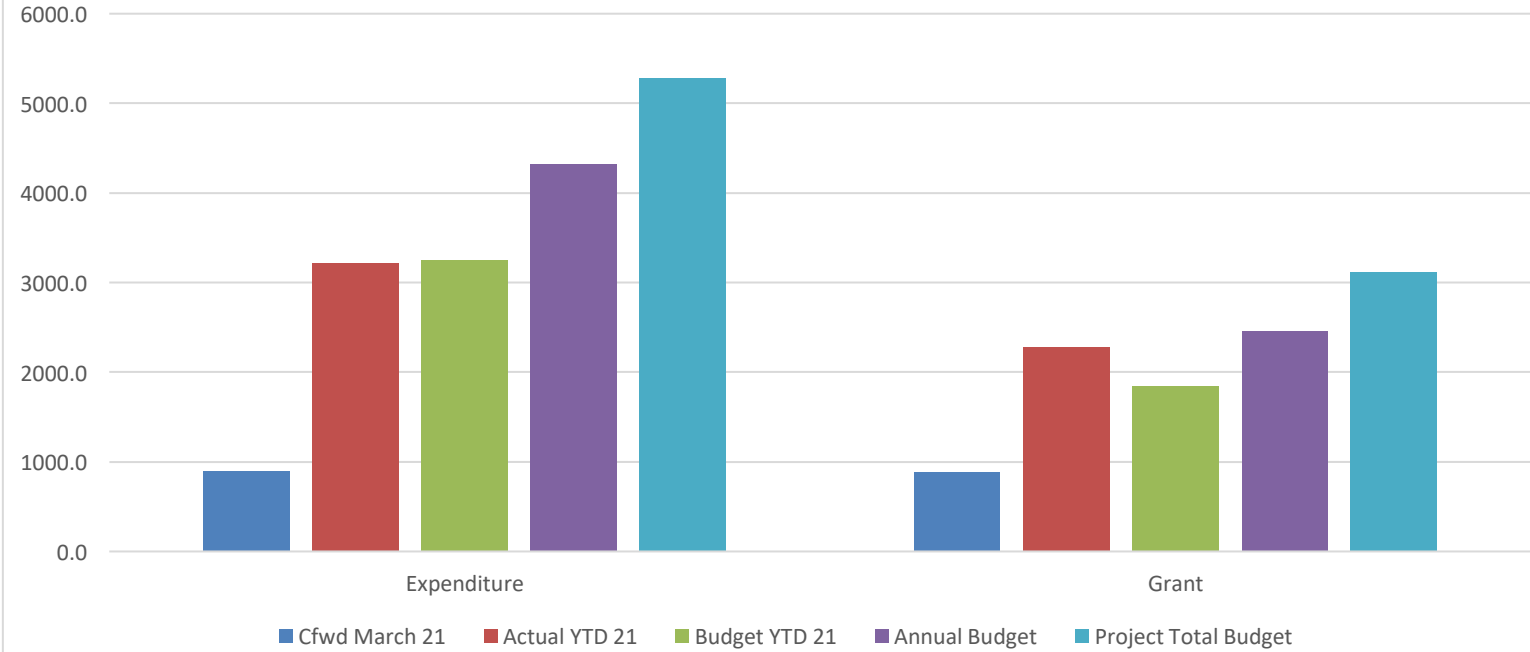
Gas Servicing  
Painterwork  
Periodic Electrical...  
Landscape Maintenance  
Lift & Door Entry...  
Gutter Cleaning  
Mechanical & Electrical...  
Clean Tanks  
Smoke & Fire Alarm...  
Inspection of Roof Anchors  
3 Bilsland Court - Enable...  
Maintenance of CCTV  
Fire Safety External Audit  
Maintenance of ASHP  
Survey - Asbestos & HSE...  
Fire Detection



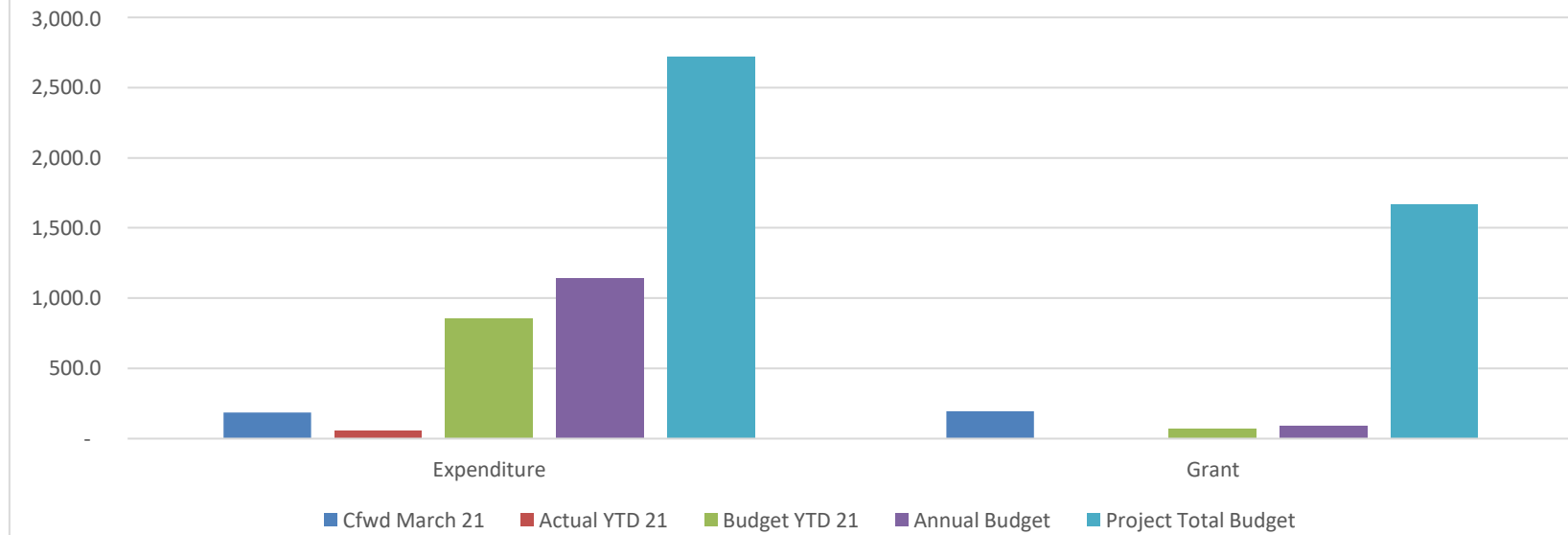
Development  
Botany Corner  
December 21



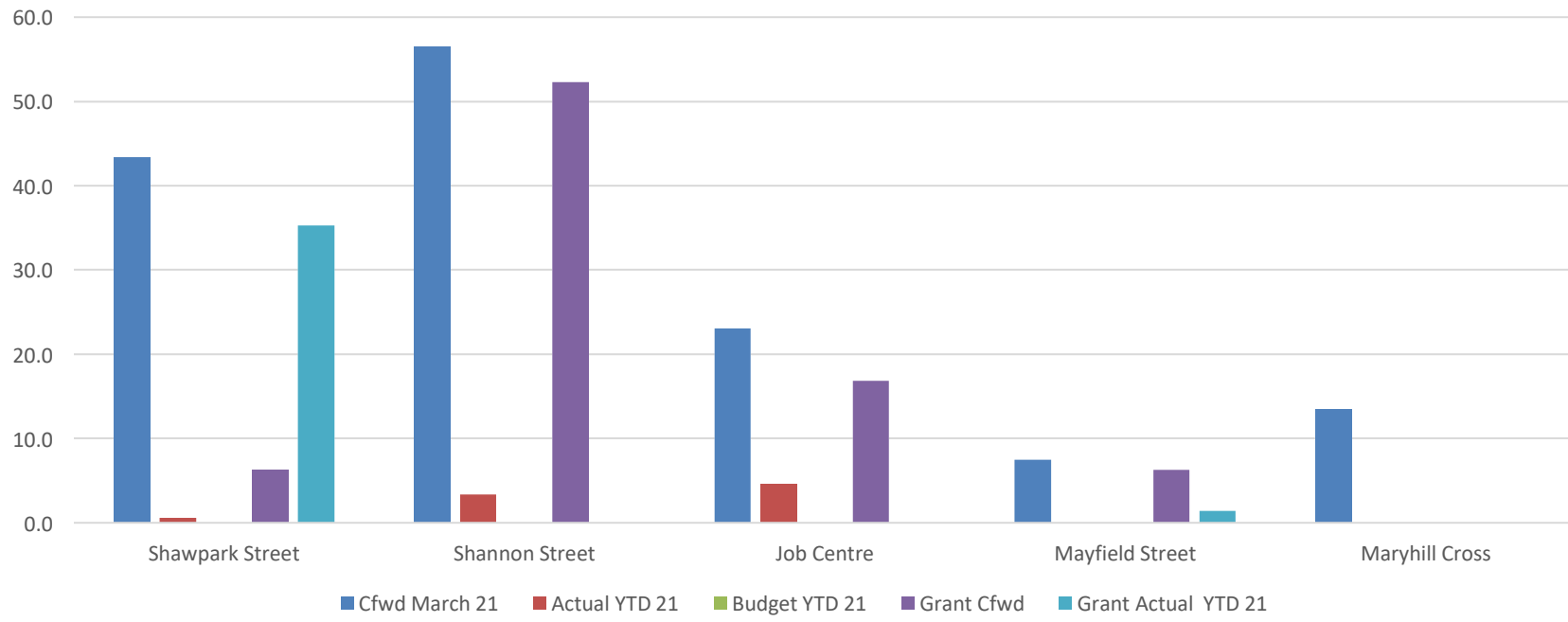
Development  
Rothes Drive  
December  
2021



Development  
Smeaton Street  
December 2021



Development  
Projects  
December 2021



**Key**

	Compliant
	Complaint (with non-material areas for improvement)
	Working towards compliance
	Not compliant
<b>Bold</b>	Highlights problem areas

**1. Key areas of compliance**

**Organisational Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Lone working	<ul style="list-style-type: none"> <li>- Lone working included in H &amp; S induction and leaflet</li> <li>- Lone working procedure in place</li> <li>- <b>Lone working training has not been delivered since covid and cannot be evidenced.</b></li> <li>- Definition of frequent lone workers introduced and requirements for phones confirmed</li> <li>- Effective lone working processes in place and operational in Neighbourhood team</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Lone working procedure for office based staff and neighbourhood team</li> <li>- 1<sup>st</sup> - H &amp; S induction records held</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> - EVH/ACS audit every two years</li> </ul>

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Gas	<ul style="list-style-type: none"> <li>- Gas servicing records kept for two years and 100% compliant.</li> <li>- Gas safety policy in place although updates required</li> <li>- End to end gas process in place.</li> <li>- <b>All relevant staff to complete certified training</b></li> <li>- Gas database held in SDM to ensure properties cannot missed.</li> <li>- CP12s in place for all new tenancies.</li> <li>- <b>Range of actions identified in 2021 Gas Safety Audit - see Appendix A. 1 action outstanding, due to be complete by end Feb 2022.</b></li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Reporting system generated</li> <li>- 1<sup>st</sup> - Policy and Procedure in place</li> <li>- 3<sup>rd</sup> - Gas servicing externally audited by Argon but internal response being reviewed</li> <li>- 3<sup>rd</sup> – Specialist external audit carried out by Housing H and S compliance in March and April 2021.</li> </ul>

**Organisational Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Fire	<ul style="list-style-type: none"> <li>- Bi-annual fire audit completed 2021 for all offices and resultant action plans in place but in progress.</li> <li>- <b>Fire drills cannot be evidenced.</b></li> <li>- <b>Testing of fire alarm cannot be evidenced.</b></li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - H and S Manual includes fire procedures</li> <li>- 3<sup>rd</sup> - External fire safety audit completed in 2021 and actions captured in H and S action plan</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> - EVH/ACS audit every two years</li> </ul>

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Electrical	<ul style="list-style-type: none"> <li>- Contract in place for five yearly programme of electrical checks commencing in January 2018. All records kept.</li> <li>- <b>2664 properties with EICRs completed within the last five years (compared to 2443 in November 2021) (87% compliant).</b></li> <li>- Electrical inspection checks in place for all new tenancies.</li> <li>- <b>C. 200 incorrect EICRs still not corrected by City Building.</b></li> <li>- New procedure with more in-house control of appointments introduced July 2021.</li> <li>- Electrical inspection records held on SDM database and reports system generated</li> <li>- Training on interpreting electrical certificates completed October 2020.</li> <li>- All actions complete from 2021 electrical audit.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Landlord H and S manual includes electrical testing</li> <li>- 1<sup>st</sup> - In process of adding records into the housing system</li> <li>- 2<sup>nd</sup> - Post-inspection programme being developed</li> <li>- 1<sup>st</sup> - Procedure being developed</li> <li>- 3<sup>rd</sup> – Specialist audit carried out by Housing H and S compliance in Dec 2020 – Feb 2021.</li> </ul>

**Organisational Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
H and S training	<ul style="list-style-type: none"> <li>- H &amp; S Training matrix in place and updated to include new requirements around landlord H and S training.</li> <li>- Large volume of new landlord health and safety training now booked and in progress.</li> <li>- <b>No systematic process in place to ensure training is completed.</b></li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - H &amp; S training matrix in place setting out which posts require which training</li> <li>- 1<sup>st</sup> - H &amp; S training records held centrally</li> <li>- 1<sup>st</sup> - Majority of training online</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> - EVH/ACS audit every two years</li> </ul>

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Water safety/ Legionella	<ul style="list-style-type: none"> <li>- Contract in place for legionella testing every six months in high rise properties</li> <li>- Programme of communal tank decommissioning out to tender.</li> <li>- Programme of communal tank inspections complete and complied into risk assessment, <b>still to be completed and used to inform decommissioning programme.</b></li> <li>- <b>Contract 3/4 complete for clean/disinfection of individual water tanks. 141 properties where could not gain access.</b></li> <li>- <b>Action plan in place following 2021 water safety audit. Outstanding actions due to be complete by March 2022.</b></li> <li>- <b>No programme of Thermostatic regulation valve (TRV) servicing in place</b></li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Landlord H and S manual includes water safety</li> <li>- 1<sup>st</sup> - Records held electronically but not on housing system</li> <li>- 1<sup>st</sup> - No system generated reports</li> <li>- 1<sup>st</sup> - Detailed procedures developed</li> <li>- 3<sup>rd</sup> – Specialist external audit carried out by Housing H and S compliance in June 2021.</li> </ul>

**Organisational Health and Safety**

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Display screen equipment	<ul style="list-style-type: none"> <li>- Online DSE issued to staff at induction <b>but completion not being checked and detailed risk assessment not carried out and acted upon.</b></li> <li>- Specialist ‘in person’ assessments carried out as needed</li> <li>- Specific coronavirus DSE advice issued for working from home. Additional equipment has been purchased to improve DSE when working from home.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - H and S Manual includes DSE procedures</li> <li>- 1<sup>st</sup> - Majority of training online</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> - EVH/ACS audit every two years</li> </ul>

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Fire	<ul style="list-style-type: none"> <li>- High rise fire audits for 2021 complete. <b>Resultant action plan in place and in progress.</b></li> <li>- <b>Clear close policy in place but no procedures and not consistently implemented.</b></li> <li>- Contract in place for fire alarm, extinguisher, emergency lighting and smoke ventilation servicing</li> <li>- <b>Programme of inter-linked smoke alarm installations underway (78% complete). 2370 properties completed (compared to 2053 in November 2021).</b></li> <li>- Range of actions identified in 2021 Fire Safety Audit – two outstanding due to be complete by March 2022.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Landlord H and S manual includes fire safety</li> <li>- 1<sup>st</sup> - Records held electronically but not on housing system</li> <li>- 1<sup>st</sup> - No system generated reports</li> <li>- 1<sup>st</sup> - Detailed procedures developed during 2019/20</li> <li>- 3<sup>rd</sup> – Specialist external audit carried out by Housing H and S compliance in March 2021.</li> </ul>

**Organisational Health and Safety**

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Risk assessments/ method statements	<ul style="list-style-type: none"> <li>- Suite of risk assessments owned and developed in-house now complete</li> <li>- Risk assessment training for managers and H&amp;S Officer completed.</li> <li>- Procedures now fully up to date – further procedures will be required as the Association progresses with relaunch plans.</li> <li>- Organisation-wide covid-19 risk assessment in place. New and updated procedures developed in response to covid-19.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Risk assessment and method statement log in place</li> <li>- 1<sup>st</sup> - Key personnel externally trained in risk assessments</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> - EVH/ACS audit every two years</li> </ul>

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Asbestos	<ul style="list-style-type: none"> <li>- Asbestos resurveying programme in place and being delivered.</li> <li>- <b>Frequency of resurveying to be based on a risk assessment</b></li> <li>- Asbestos roles and responsibilities clearly set out.</li> <li>- Asbestos suite of procedures developed.</li> <li>- Updated policy approved May 2020.</li> <li>- <b>Asbestos training completed September 2020 but Asbestos responsible person training still outstanding for Head of Property.</b></li> <li>- Asbestos registers issued to key contractors monthly</li> <li>- Full refurbishment surveys issued as required</li> <li>- Contractors’ asbestos training records held.</li> <li>- <b>Range of actions identified in recent Asbestos Safety Audit - see Appendix A. 2 outstanding actions due to be complete by end Aril 2022.</b></li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Landlord H and S manual includes asbestos</li> <li>- 1<sup>st</sup> - Records held on database and updates managed centrally</li> <li>- 1<sup>st</sup> – Procedures in place</li> <li>- 3<sup>rd</sup> – Specialist external audit carried out by Housing H and S compliance in March 2021.</li> </ul>

**Organisational Health and Safety**

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Office safety	<ul style="list-style-type: none"> <li>- Housekeeping inspections carried out monthly at all offices.</li> <li>- Appropriate trained first aiders in place in all offices</li> <li>- <b>Cannot evidence PAT testing</b></li> <li>- <b>Actions to be delivered following bin fire</b></li> <li>- <b>Asbestos to be safely removed from Garrioch office.</b></li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - H and S Manual includes procedures for safety inspections</li> <li>- 1<sup>st</sup> - Records of safety inspections held electronically and centrally</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> - EVH/ACS audit every two years</li> </ul>

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Lifts	<ul style="list-style-type: none"> <li>- Monthly, 6 monthly and annual checks in place</li> <li>- Contract in place for monthly servicing and S inspections as well as responsive breakdown service</li> <li>- Updated lift policy approved May 2020.</li> <li>- Lift maintenance procedures in place including clear roles and responsibilities.</li> <li>- Auditable records in place including servicing and declarations of conformity for lifts.</li> <li>- Lift servicing records management system now in place.</li> <li>- All actions from 2021 lift safety audit now complete.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> - Landlord H and S manual includes lift safety</li> <li>- 1<sup>st</sup> - Records held electronically but not on housing system</li> <li>- 1<sup>st</sup> - No system generated reports</li> <li>- 1<sup>st</sup> - Detailed procedures developed during 2019/20.</li> <li>- 3<sup>rd</sup> – Specialist external carried out by Housing H and S compliance in Dec 2020 – Jan 2021.</li> </ul>

**Organisational Health and Safety**

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Equipment and PPE	<p><b>Cannot evidence machinery inspections being completed.</b></p> <p>Approved PPE list per post. Ordered at induction and replaced as required.</p> <p>PPE and equipment budget devolved to neighbourhood team to allow rapid replacement if any items are defective</p> <p>Review of PPE for office based complete.</p> <p>Stock of covid-19 PPE built up and covid PPE supply chain in place.</p>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> – records held of machinery inspections and PPE issued.</li> <li>- 2<sup>nd</sup> – Staff H and S forum</li> <li>- 3<sup>rd</sup> – EVH/ACS audit every two years</li> </ul>

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Render	<ul style="list-style-type: none"> <li>- Monthly rope access inspections</li> <li>- Daily visual inspections</li> <li>- ‘Catch fans’ over entrances</li> <li>- Loose render removed as identified (including significant sections removed in August and November 2019)</li> <li>- <b>Residual risk remains despite actions because render deteriorating</b></li> <li>- Additional risk assessment completed and procedure in place for staff working around the blocks.</li> </ul>	<ul style="list-style-type: none"> <li>- 2<sup>nd</sup> and 3<sup>rd</sup> - Procedure in place for monthly and daily inspections</li> <li>- 3<sup>rd</sup> - External risk assessment carried out whenever change in render condition</li> </ul>

**Organisational Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Coronavirus – infection of staff	<ul style="list-style-type: none"> <li>- Covid risk assessment in place</li> <li>- Documentation and procedures all updated for Level 0.</li> <li>- Process in place and reviewed a number of times for symptomatic staff.</li> <li>- Staff reorientation process in place to move through phases.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> Maryhill’s Routemap out of Lockdown</li> <li>- 1<sup>st</sup> Maryhill’s re-orientation packs issued throughout relaunch</li> <li>- 1<sup>st</sup> Covid-risk assessment</li> <li>- 1<sup>st</sup> New/updated procedures for staff on working safely in the office</li> </ul>

**Landlord Health and Safety**

	<b>Compliance</b>	<b>Assurance – lines of defence</b>
Coronavirus – infection of customers	<ul style="list-style-type: none"> <li>- Covid risk assessment in place</li> <li>- Clear procedures in place for all in-person services.</li> <li>- Close cleaners and in-house team providing a sanitising service</li> <li>- Messaging around social distancing and keeping safe issued to customers via a range of channels</li> <li>- Staff reorientation process in place to move through phases.</li> </ul>	<ul style="list-style-type: none"> <li>- 1<sup>st</sup> Maryhill’s Routemap out of Lockdown</li> <li>- 1<sup>st</sup> Covid-risk assessment</li> <li>- 1<sup>st</sup> New/updated procedures for staff on working safely in the office</li> <li>- 1<sup>st</sup> Covid-19 communications plan</li> </ul>

## 2. Exceptions on key areas of compliance (amber and red)

### **Lone Working**

Issue: Lone working training has not been delivered since covid and no records have been held

Action: Introduce lone working training as part of inductions and ensure all new staff have been trained by March 2022.

### **Office fire safety**

Issue: No fire drills being completed. No records of fire alarm testing.

Action: Fire drills to be re-introduced from Feb 2022 and fire alarm testing by Feb 2022.

### **Display screen equipment**

Issue: Online DSE training issued but no check/escalation if not completed and risk assessment not acted upon.

Action: New DSE process introduced as part of long term remote working policy in April 2022 – staff will not be able to work remotely unless their home working set up is DSE compliant.

### **Equipment and PPE**

Issue: Cannot evidence that weekly machinery checks are being completed.

Action: Weekly machinery checks to be completed and records held by Feb 2022.

### **Landlord Asbestos**

Issue: Asbestos risk assessments to be carried out to inform resurveying programme. Training for Head of Property to be completed.

Action: Training for Head of property to be completed by ~~March 2021~~ ~~September 2021~~ March 2022. Risk assessments to be complete by ~~September 2021~~ ~~January 2022~~ March 2022. To mitigate the risk around not resurveying a decision has been taken to resurvey all asbestos in common areas.

### **Landlord Electrical Checks**

Issue: Electrical testing programme commenced January 2018 and 2664 (87%) properties with certification.

Action: Complete programme of electrical inspections – new estimated completion ~~Feb 2022~~ May 2022.

### **Landlord gas**

Issue: Certified training to be rolled out to staff; roll out process for installations 'not to current standards'

Action: Staff training - ~~September 2021~~ ~~January 2022~~ April 2022; process for 'not to current standard' installations to be completed by end Feb 2022.

### **Landlord water safety**

Issue: Programme of common surveys completed and input into database but no overall risk assessment in place; no programme of TRV servicing; no programme of common tank decommissioning.

Action: Stock wide risk assessment complete by ~~August~~ ~~September 2021~~ ~~November 2021~~ March 2022; programme of common tank decommissioning procured by ~~December 2021~~ February 2022; TRVs identified by the end of September 2022.

**Landlord render**

Issue: Despite a range of risk mitigation measures (monthly rope access inspections, daily visual monitoring, removal of loose render, catch fans over entrances and external risk assessments) there is a still an ongoing risk of harm caused by further render failure as deterioration continues.

Action: Continuation of existing risk mitigation measures and external risk assessments whenever anything changes.

**3. Incidents/accidents/insurance claims**

<b>Organisational Health and Safety/Landlord Health and Safety</b>	<b>Incidents/Accidents/Near Miss and Insurance Claims - details</b>	<b>Action taken</b>
Landlord health and safety	No new claims	
Organisational health and safety	Near miss – housing officer nearly attacked during gas forced access.	Gas forced access risk assessment and procedure to be developed by the end of Feb 2022.
Organisational health and safety	Mini multis lift failure.	Investigation completed by lift contractor and internally by P and G Manager. Confirmed not RIDDOR reportable.
Organisational health and safety	Concern raised by member of the NT about dust being created by air source heat pump installations	Investigation being completed by Investment Manager and Performance and Governance Manager.

**Health and Safety Forum**  
**Combined Action Plan 2020/21**  
**2 February 2022**

	Action is complete
	Action is expected to be completed by the agreed target date
	A minor delay (<3 months) in completing the action is expected
	A significant delay (>3 months) in completing the action is expected

[Organisational health and safety](#)

[Landlord health and safety generally \(including lifts, playparks, electrical\)](#)

[Fire actions](#)

[Water safety](#)

[Asbestos](#)

[Electrical](#)

[Gas](#)

## Organisational Health and Safety

Area	Action	Who	When	Comments	Status
<b>Lone working</b>	Safe Shores lone working app to be installed on mobile phones for all identified lone workers.	Jenna Borland / Paul Griffin/ Debbie Watt	<del>July 2019</del> <del>July 2021</del> <del>Dec 2021</del> Feb 2022	<p>App now installed on all new phones. New staff who need app identified during induction programme. Further roll out in Property Team to take place between now and July. Then becomes business as usual.</p> <p>JB and DW to confirm with property who has the app. DW to confirm with Safe shores a training section. JB to add training into induction.</p> <p>Safe Shores have recently migrated data to new platform. We are currently working with them to rectify an issue with the new app on mobile phones to allow us to roll out the update to all users.</p> <p>Training will be introduced as part of H &amp; S Induction as of March 2022.</p>	
	Risk assessment for interview room 3 and porta cabins to be reviewed and procedure written for staff for staying safe when using these rooms.	Jenna Borland / Joanne Reid	<del>March 2020</del> T.B.C.	<p>Risk assessment in place. Procedures to be revisited once these areas of the office are back in use. These will not be used immediately when reopening the office this summer.</p> <p>Interview room 3 &amp; portacabins still not in use. Will be reviewed as and when required.</p>	
<b>Void Clearances</b>	Procedure for void clearances to be drafted. Our estate team to visit NG to observe their void clearances as they do them in-house.	Jennifer Simon / Kenny Darroch/ Joanne Reid	<del>November 2019</del> <del>September 2020</del> <del>June 2021</del> <del>December 2021</del> TBC	<p>This project has been superseded by the bulk uplift project due to GCC cancelling their bulk uplift service. Project on hold for the next few months but will consider whether spare capacity in bulk uplifts could be used to pick up clears and cleans in voids in the high rise properties</p> <p>Procedure in place. In-house toolbox talk on safe removal of sharps in voids to be delivered Training needs to be arranged for sharps. Implementation delayed due to absence of Team Leader and staff shortages in the Neighbourhood Team.</p>	

Area	Action	Who	When	Comments	Status
<b>Neighbourhood Team</b>	It was noted that, kitchens appliances in both concierge station and concierge rest room as well as power tool chargers have not been (PAT) tested. Recommend (PAT) testing is undertaken by a competent person in accordance with HSE guidance and the items added to the (PAT) test register. <b>Orange action – moderate priority</b>	Paul Griffin	<del>December 2024</del> March 2022	This will be carried out when PAT testing for all appliances is completed. This is due in 2021/22.	
<b>Health and safety KPIS</b>	Identified need to review H and S KPIS/compliance sheet	DW	Jan-2022 Apr 2022	External advice to be taken from new H and S advisers. Agreed working group comprising DW, H and S compliance, BW and HD. First meeting Dec.  Meeting to review draft KPIS will take place on 03/02/22 with the aim of these being introduced from 1 <sup>st</sup> April.	
<b>Health and safety training</b>	Confirm dates for extensive programme of certified H and S training – specifically need to ensure that dates booked for annual gas refresher training for CCT and VRQ gas training completed as per letter from SHR.	JB	Mar 2022	Gas refresher training completed by H H&S C in August 2021.  DB starts VRQ gas training 17 <sup>th</sup> March 2022. This training will take 12 – 18 months to complete.	
<b>Accident, Incident &amp; Near Miss Form</b>	This form needs to be reviewed to ensure it encompasses all types of accidents and incidents and not just those affecting people.	DW	Mar 2022		
<b>Risk Assessments</b>	New risk assessment for forced access to be carried out following incident on 01/12/21.	JB & DW	Feb 2022		
<b>Near Miss Report</b>	CR to carry out random site check of works taking place at 220 Shiskine & 545 Sandbank to ensure RAMs are being adhered to.	CR	From 02/02/22		

## H&S Manual Updates

Area	Action	Who	When	Comments	Status
<b>Letter Bombs</b>	Endorsing the updated EVH information – put the following information into MH Manual.	JB	Feb 2022	JB to input into manual.	
<b>DSE</b>	Endorsing the updated sections as per EVH information.	JB	Feb 2022	JB to input into manual.	
	Book JB onto DSE Assessment training for new remote working policy assessments.	JB	Apr 2022	JB to source training and book on.	
<b>Vehicles</b>	Endorsing updated information sections as per EVH Information.	JB	Feb 2022	JB to input into manual.	
	Endorsing updated monthly vehicle checklist.	JB	Feb 2022	JB to input into manual.  JB creating spreadsheet to hold van information – MOT/TAX/Insurance/Registration.	
	Clarify with HR that DVLA/MOT checks are being completed annually.	JB	Feb 2022	JB to clarify with HR.	
<b>COSHH</b>	Endorsing updated information sections as per EVH information.	JB	Feb 2022	JB to input into manual.	
	Train/retrain officers on COSHH.	JB	Apr 2022	JB to source and send out training invites.	

## Fire at Garrioch Road (Bin)

Area	Action	Who	When	Comments	Status
<b>Garrioch Road safety &amp; security (following bin fire incident)</b>	Assured24 needs a contract manager and arrange more robust out of hours process.	DW	Nov 2021	DW has made contact with Contract Manager.  Assured24 now emails corporate support with details of any call-outs and they have an escalation plan in place.	
	Review waste storage in the back area – and layout of whole back court area trees, portacabins etc.	JB	<del>Nov 2021</del> Feb 2022	JB organising Neighbourhood team to cut back trees – complete.  Costs received for securing bins, works to be arranged.	
	Revise the building security risk assessment including the gates, CCTV, lighting, signage, trees etc.	DW & JB	Nov 2021	Risk assessment reviewed on 13/12/21. Identified actions will now be implemented.	
	Central point of co-ordination – within corporate, oversee the whole process – a clear set of procedures and who doing what – one for each work location – include SMT notification and also check if any other contracts that should pass to corporate (walkie talkies, CCTV).	DW	Dec 2021	Accident/ Incident procedure developed.	
	H&S incident form to be completed.	JB & DW	Nov 2021	Incident form completed.	
	Insurance claim procedure required.	KF	Feb 2022	Insurance procedure drafted and circulated to teams for comment.	

Fire Safety Audits Garrioch/Glenavon/Shiskine/Oran

Area	Action	Who	When	Comments	Status
Fire Safety Audit - Garrioch	Combustible materials stored in Ground Floor lift mechanism stair enclosure.	DW	<del>Nov 2024</del> Feb 2022	DW has emailed Housing Managers to remove materials.	
	The server room has an unnecessary high fire load of combustible material.	DW/PG	<del>Nov 2024</del> Feb 2022	PG has confirmed that this is in progress.	
	In the building there are many penetrations compromising the fire compartmentation integrity.	DB	<del>December 2024</del>  Feb 2022	Jenna sent Derek report of areas that have concerns. CB flagged unlikely to be resolved by December. Reactive contract to be checked if relevant SOR included otherwise alternative contractor to be procured.  UPDATE 25/1/22  Codes for firestopping have been identified in NHF SORs. Site visit to be arranged with Turners.	
	The out of use electronic door release switches can cause confusion.	JB/DW	01.11.2021	Hazard tape to be put on the switches for temporary measure. DW taking to SMT.	
	Intumescent strip seals/ Cold smoke seals on Fire doors are damaged.	DW	<del>Nov 2024</del> Feb 2022	GR liaising with contractors to get works carried out. There was an issue with supply.	
	Differing types of light. The emergency lights consist of a mix of old and new units. New units display a green LED when functioning correctly and properly charged, the LED changes to RED to indicate a fault or problem. The old units display a red LED when functioning correctly and properly charged, the LED extinguishes to indicate a fault or problem.	DB	March 2022	JB emailed DB section of report.  DB to contact Rapid Fire to do checks of the lighting we have in place.  Annual maintenance carried out 24.12.21 "All okay and in working order"	
	Various Emergency Lights were displaying either a RED or no LED.	DB	March 2022	JB emailed DB section of report.  DB having PDC check this.  Annual maintenance carried out 24.12.21 "All okay and in working order"	

	There was no evidence that the portable electrical equipment was recently tested.	JB/PG	March 2022	JB informed PG that the PAT testing due. PG confirmed in progress.	
	5 yearly electrical testing not provided.	DB	25.10.2021	JB emailed DB this section of the report.  DB Sent to JB 2.11.21	
	No evidence to show emergency lighting maintenance had been complete.	DB	25.10.2021	JB sent DB section of the report.  DB Sent to JB 11.11.21	
<b>Shiskine (Fire Buidling Audit) 20.10.2021</b>	The office door is not fitted with a self-closing device.	JB	01.11.2021	Signage ordered and installed.	
	Fire Safety Precautions Programme highlighted.	DB	01.11.2021	JB sent DB section of the report.  DB provided all relevant docs 26.10.21	
	There is no fire alarm zone plan.	JB	<del>01.11.2021</del> Feb 2022	JB has arranged for Rapid Fire to complete a zone plan.	
	Fire Action Notices do not indicate the location of the Assembly point.	JB	01.11.2021	JB to organise new Fire action notices to go in shiskine.	
	An Assembly point marker should be Placed on the side wall of number 5.	JB/JR/PW/Neighbourhood Team	<del>01.11.2021</del> Feb 2022	Signs have now been installed by NT.	
	New fire blankets to be ordered.	JB	<del>01.11.2021</del> Feb 2022	Fire blankets received.	
<b>Oran (Fire Building Audit) 20.10.2021</b>	Fire Safety Precautions Programme highlighted.	DB	01.11.2021	JB sent DB section of the report.  DB provided to JB 26.10.21	
	Various penetrations not adequately fire stopped.	DB	March 2022	JB sent DB section of report.  Have asked Greg to look at, may need referred back to Development Team (if result of conversion). CB flagged timeframes may not be achievable.  25.1.22 Referred to Alex Grassie as penetrations appear to be result of conversion works.	
	The fire door protecting the fire lobby to the front door has an elaborate glass panel design.	JB	<del>01.11.2021</del> Feb 2022	JB to source works to get fire resistant glass installed to door. [CB – this may require a replacement door.]	
	Fire Action Notices do not indicate the location of the Assembly point.	JB	<del>01.11.2021</del> Feb 2022	JB to arrange appropriate signage.	

	An Assembly point marker should be Placed on the wall outside the front.	JB/NT	<del>01.12.2021</del> Feb 2022	Signage has been purchased and we have consulted with tenants explaining why this needs to be installed.  JB will now arrange with NT to install the sign.	
	The office door is not fitted with a self-closing device.	JB	<del>01.12.2021</del> Feb 2022	JB to arrange appropriate signage.	
	New fire blankets to be ordered.	JB	<del>01.12.2021</del> Feb 2022	JB to order.	

### Decommissioning Utilities at Lyndale Concierge Station

Area	Action	Who	When	Comments	Status
<b>Water Supply</b>	Clearwater to be contacted to decommission water.	JB	Mar 2022	Water has been turned off at stopcock 2/2/22 and Scottish Water will be shutting of supply completely (requested 3/2/22)	
<b>Electricity Supply</b>	Contact to be made with VWM to ensure that the door entry systems/ CCTV will not be affected by decommissioning electricity. Once confirmation made, arrange for electricity to be decommissioned.	CB/ DB	Mar 2022	CCTV and DES for multis not affected by power through Lyndale station. Electricity to be made safe in Feb 22.	

Landlord Health and Safety generally

Area	Action	Who	When	Comments	Status
Lifts	Try to find (through Asset Team) certifications for conformity for historical lift installations including through the floor lifts.	CB/PS	01-02-20 <del>July 2020</del> <del>September 2020</del> <del>November 2020</del>  March 2021	Confirmed that MH lifts do not require declaration of conformity as they are refurbishments rather than new lifts (from Consult 15/6/20)  'Through the floor' lifts – advice and certification to be sought from the installer / manufacturer (email to CB from Consult 15/6/20).  Installer / manufacturers to be contacted to get certification on installation.  8/3/21 – Asset team asked to locate certification.  1/5/21. All avenues exhausted. External advice to be taken on next steps.  1/11/21:confirmation from HHSC that a documented file note of all attempts to find certification is sufficient as long as regular inspection and servicing is ongoing. File note to be drafted.  22/11/21: Action complete: <a href="#">..\..\..\..\ASSET MANAGEMENT\Cyclical Maintenance\15 - Lift-Controlled Entry Maintenance Contract\Missing certification - through floor lifts and 45 Garrioch Rd</a>	
Updating H and S Manual	Housing team to review and update their chapters of the H and S manual	JR	Feb 2022	JR in progress and on track	
Updating H and S Manual	Property Team to review and update their chapters of the H and S manual	CB	March 2023	15 sections for full review. Key compliance areas require to take priority for consolidation and review.  12/1/22: sections split between managers within team for completion	

Area	Action	Who	When	Comments	Status
<b>Updating H and S Manual</b>	Development Team to review and update their chapters of the H and S manual	BW/AmcA	24/12/21 28/2/2022	Time scheduled to complete by end of Feb 2022.	
<b>Updating H and S Manual</b>	Resources Directorate to review and update their chapters of the H and S manual	DW/RW	Feb 2022		
<b>Sandstone tenements re-surveying</b>	Develop a procedure for resurveying sandstone tenements	CB/DB/HD	Feb 2022	Balfour Associates contacted for assistance with this (3/2/22)	

### Fire actions

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
<b>Mini-multi (8 storey)</b>						
6	Lobby doors to be fitted with intumescent strips and adjusted to stop any gaps	High	Intumescent strips to be fitted and gaps to be stopped	<del>June 2020</del> August 2021 End 2024.	DB	These are to be addressed as part of foyer upgrades. Not scheduled until 2024.
10	Consideration of replacement of glass bricks because cannot confirm fire retardant properties	Medium	Replacements for damaged glass bricks in stairwells.	Options considered: March 2020 <del>Works complete:</del> <del>October 2020</del> End of 2021/22	CR	This has been commissioned as part of the air source heat pump programme.  Programme due to

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
						complete by end April 2022
<b>High rise (21 storeys)</b>						
<b>Common issues across both property archetypes</b>						
20	Inter-linked smoke/heat alarms not fitted in every property	Low	Programme initiated with high rise properties prioritised. Compliant alarms installed in over 77% of the stock.	February Feb2022	DB	Ongoing programme of installation – deadline extended to 1/2/22 due to COVID. Access difficulties in Jan 2022 due to Omicron infection (customers and contractors)
<b>Other property types</b>						
<b>Actions from internal review of policy and practice</b>						
			Check fire alarms in Shakespeare Street and produce guidance on what to do for customers	DB	07.04.20  September 2020          February 2021  December 2021	DB spoke to Rapid Fire and they are unclear exactly what is installed within the close beyond the smoke vents due to a gap in data. They have proposed they will attend Shakespeare St to confirm exactly what is in each.  Once done guidance for customers can be produced.  Rapid Fire have attended and

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
						<p>provided info about operational of system. Advice brief to be put together about operation for customers still.</p> <p>No further update to absence of property manager.</p> <p>4/8/21 – Fans now repaired and info on operation received from Rapid Fire. Tenant info still to be developed.</p> <p>1/11/21 Guidance now developed and is to be issued to tenants DEC 2021</p> <p>Jan 2022 – Claire Hay to put into Maryhill format leaflet. Issued to all tenants and new tenants by end of Feb.</p>
			Developing a plan (comms and procedures for implementing clear close policies)	JR	31.10.20 January 2022  March 2022	Plan developed – article in Spring Newsletter, Content on Website and publicise on social media – postcards to be printed to drop through doors to

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
						<p>publicise in closes with issues.</p> <p>Communications around clear closes have been issued to customers but still no formal procedure in place.</p> <p>On hold until new Head of Service appointed.</p> <p>JR in progress, review of current practice to streamline new policy and progress</p>
			Check tenancy agreements for clear policy – add in to the list at section 19. Update on next print run for the tenancy agreement.	LC	April 2021 TBC – next print run	Small print run missed opportunity in Spring 2021.
			Produce vulnerable tenants' procedure including fire service referrals if people require assistance	JR	<del>30.06.20</del> <del>End July 2020</del> September 2020 February 2021	<p>On hold until new Head of Service appointed.</p> <p>Initial review of current practice has taken place, procedure to be developed but is work in progress</p>
	Actions from practical fire safety guidance		Contact RM Safety and agree the specification	DB/JS	July 2020 August 2020  June 2021	Agreed new Scottish Guidance to be referenced as well as the format of

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
					<p><del>October 2021</del></p> <p>December 2021</p> <p>Guidance/training: May 2022</p> <p>Inspections from: June 2022</p>	<p>the reports. RM asked to put together a generic FRA template for HO to complete as part of block inspections.</p> <p>RM Safety have been instructed to do this. Not yet received.</p> <p>Feb 2021: Agreed to wrap this into wider project re standards in closes and actions housing officers should take if standards are not met.</p> <p>June 2021: Progress delayed due to absence of head of Service. Taking external advice on delaying until autumn 2021.</p> <p>August 2021 – agreed to consider procuring external risk assessment sampling.</p>

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
						<p>Proposal to commission H and S compliance to help develop process/guidance and deliver practical training to housing management and property staff.</p>
	<p>Actions identified in Scottish Grenfell response paper</p>		<p>Confirm that the following recommendations from the practical fire safety guidance for high rise buildings are complete at Maryhill:</p> <ul style="list-style-type: none"> <li>• That the Association continues to inform the Scottish Fire and Rescue Service (SFRS) about the construction of external walls to high rise domestic buildings</li> <li>• That external information plates about the building are displayed on high rise domestic buildings in line with the Guidance referenced above</li> <li>• That defects in lifts used for fire fighting are made known to SFRS and that the</li> </ul>	<p>End August '21</p> <p>End January 2022 for remaining 2 points</p>	<p>CB</p>	<p>All recommendations from guidance checked with Neighbourhood TL.</p> <p>Lift defect reporting and flat numbering to be reviewed further as part of review of fire risk assessment actions.</p> <p>11/1/22:NTL to contact SFRS to check how / when they want to be notified about lift defects and this will be included in the lift breakdown procedure.</p> <p>Landing and flat</p>

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
			<p>results of safety checks in lifts used for fire fighting should be made available to residents where requested</p> <ul style="list-style-type: none"> <li>• That there is continued reinforcement and awareness raising of the 'Stay Put' strategy to residents and other actions which may be required in the event of a fire.</li> <li>• That the Association continues to ensure its approach to the repair / replacement of flat front doors in high rise domestic buildings is in line with the Practical Fire Safety Guidance for Existing High Rise Buildings</li> <li>• That floor numbering of high rise domestic buildings is done in line with the Practical Fire Safety Guidance for Existing High Rise Buildings in prominent places within lobbies, landings and on flat</li> </ul>			<p>front doors are numbered. If missed or removed, Neighbourhood team have been instructed to replace these.</p>

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
			front doors			
	Actions identified in Scottish Grenfell response paper		The Association should carry out a detailed review of the Practical Guidance Practical Fire Safety Guidance for specialised Housing and other Similar Premises as it relates to stock owned by the Association to improve fire safety for vulnerable people	End August '21 Feb 2022 March 2022	CB	Initial review complete and paper came to Sep SMT and Nov H and S forum. Agreed in meeting for working groups of CB, JR, JS and JB to take forward and report back to Feb H and S forum.  11/1/22: working group to meet on 4/2/22
			Deliver project to replace key lock close rear doors	March '22	CB/JR	Temp HO to deliver project initially starting with Leyden area. Complete by March 2022.
	Need to complete action plan from 2021 high rise fire safety surveys	n/a	Complete action plan from 2021 high rise fire safety surveys	End Nov 2021	DB	Work ongoing to achieve this.  Action tracker created and being managed.
	Audit rec 3b	Significant	Seek assurance from all contractors who fit fire doors as to their competence for these works	30/09/21 Mar 2022	Property Manager	In discussion with Housing H&S as to how contractors demonstrate competence.
	Audit rec 4	Significant	Additional training for the	31/10/21	CO (H&S)	JB contacting H

No.	Issue	Priority	Action	Timeframe	Lead	Progress notes
			NTL to deliver the fire door checks in the HR flats	March 2022		H&S C to clarify training & then we will review the process and procedures for completing and recording these inspections.

### Water safety

Activity	Who	When	Comments	Status
<b>Electrically heated properties</b>				
Complete drain, clean and disinfect programme	Property Manager	September 2021 March 2022	Programme ongoing. Glenavon complete (though disinfect only carried out here), 68% complete, 174 still to be completed  Feb 2022: 140 properties have not provided access(multiple times). Advice taken from H&S Consultant; process agreed for prioritisation of properties for forcing access to ensure tank is safe	
<b>TMVs</b>				
Complete programme of TMV identification and servicing.	Head of Property	September 2022	Gas properties – to be included in new gas contract. Mini multis – confirmation that TMVs not installed in MMs prior to ASHP works. Being installed as part of project.	

Activity	Who	When	Comments	Status
			<p>Other electrically heated properties – to be identified by IWS.</p> <p>Feb 2022: Data being received from contractors and compiled for future programme</p>	
<b>Gas central heating properties</b>				
Procuring programme of works to address issues identified by tank inspections	Asset Manager	<p>May 2020  <del>May 2021</del>            Timeframe TBC due to absence of Property Manager            February 2022</p>	<p><b>UPDATE 02/11:</b>            All common tank information received has been input into database. Working on risk assessment to allow programme of decommissioning to be planned in. Draft brief being developed for third week in November then will be put out to tender in December 2021 with a view to having it awarded for February 2022. Once awarded contract will include for contractor to survey &amp; test water pressure etc to confirm if drain down/move to mains is possible. Consultation with owners required.            Outstanding surveys have been reinstructed to amalgamate.            Update: tender published January 22, return date 23<sup>rd</sup> February 22.</p>	
Delivering programme of work to address issues identified by tank inspections and treat tanks and/or deliver programme of disconnecting.	Property Manager	<p>August 2020            Timeframe TBC</p>	Dependent on development of programme above.	
Address remedial actions raised as part of RA programme and from tank inspections,	Property Manager	30/11/2021	Audit rec 4 (highly important)	

Activity	Who	When	Comments	Status
		March 2022	Feb 2022: Legionella awareness training delivered 8/9/21. Action tracker developed as per LM3. Contractor currently being procured to assess feasibility of draining down and removing tanks – the resultant information from these surveys will inform the risk assessments. Process and risk assessment format to be developed by end February 2022. Any necessary remedial actions identified through reactive or cyclical maintenance are addressed timeously.	
Develop action tracker for remedial actions identified and a process for review in conjunction with other workflows	Asset Manager	30/10/2021 March 2022	Audit rec 5 (highly important) linked to AR 4 Feb 2022: Contractor currently being procured to assess feasibility of draining down and removing individual tanks – the resultant information from these surveys will inform the risk assessments. Process and risk assessment format to be developed by end February 2022. Action tracker developed as per LM3. Any necessary remedial measures for the control of legionella which are identified prior to the tank decommissioning programme are reviewed and	

Activity	Who	When	Comments	Status
			actioned as necessary.	

## Asbestos

Area	Action	Who	When	Comments	Status
Asbestos	Complete programme of asbestos removal – 45 Garrioch Road (boiler room and attic) and 3 Bilsland Drive	CR	<p><del>September 2021</del></p> <p><del>January 2022</del></p> <p>March 2022</p>	<p>still awaiting specification from Environtec on 3 Bilsland Drive to allow us to put out removal of both areas (45 Garrioch &amp; 3 Bilsland) as a mini comp on SPA. If not received spec for Bilsland by end of week (06/08), proceed with min comp for boiler room on its own.</p> <p>10/9/21: spec for 3 Bilsland not received. Enviraz asked to proceed on boiler room work ASAP given that gas service anniversary lapses on 14/9; work to commence 28/9. Spec still required for 3 Bilsland to do mini comp.</p> <p>28/10/21: removal work complete in Garrioch Rd boiler room. Tenders for loft space and 3 Bilsland Dr works due back on 19/11; contractor to be appointed by end Nov 21. Aim to complete Garrioch work over Christmas closure. Tender submission date extended by 1 week to 26/11/2021, to account for absence (HD) inability to answer questions on PCS or arrange site visit for contractors.</p> <p>Error made in documents on PCS so had to run the mini competition again, SPA are running this for us via the call off service, this will be returned by third week in February with a view to award and commend second week in March – potential to run over into new financial year.</p>	

Area	Action	Who	When	Comments	Status
<b>Asbestos</b>	Brief and write to all current and relevant previous staff regarding asbestos issues and to inform them about management survey that has been commissioned.	BW	<del>July 2021</del> <del>August 2021</del> <del>Nov 2021</del> Feb 2022	Legal advice taken which confirmed need to advise insurers which may not allow written communication to be issued. BW met with loss adjustor on 1.11.21. Not received a report back from this meeting. BW chasing for an update.	
<b>Asbestos</b>	Agree a new process with Engie so they don't cold call when carrying out work at 45 Garrioch Road	DB	January 2022	Still to be agreed as new contract being procured.	
<b>Asbestos</b>	Commission full asbestos management survey of the Association's offices	DB	January 2022	Environtec approached but resourcing issues. In discussion.  1/11/21 – Environtec to provide costing for office  Jan 2022 – Cost is £420 plus VAT, awaiting feedback on when this can be done.	
<b>Asbestos</b>	Create a procedure for management of office keys, including areas out of bounds for H and S reasons.	JB	<del>August 2021</del> <del>December 2021</del>  March 2022	Asbestos – to be included within the Asbestos Management Plan should asbestos be found in an area that can be locked.  Corporate Support team to develop a procedure for office keys.	

Area	Action	Who	When	Comments	Status
<b>Asbestos</b>	Transfer Risk Assessment information from HSE document into excel to allow ACs to complete risk assessment on common area asbestos reports	Asset Team	<del>September 2021</del> 31/01/2022 March 2022	<p>Started by Grad Trainee but incomplete due to post-holder leaving. To be re-commenced. Will pick this up with Adam November.</p> <p>24/12/21: Clarified that HSE document can be used as is for risk assessment. HOP and AM trialled process. Found to be satisfactory. RAs can be started.</p> <p>Feb 2022: Risk assessment process agreed and to be completed by Asset team. The increased level of risk on this is from the arbitrary re-survey frequencies; this will be mitigated in 2022 by re-surveying all common areas until the risk assessments are complete and the full schedule can be set out (by end April 2022).</p>	
<b>Asbestos</b>	Lift shaft surveys – commission Environtec to carry out lift shaft asbestos surveys to all (18no total) liaise with consult to ensure lift engineer on site to assist with access to survey	DB	January 2022  March 2022	<p>1/11/21 – Price requested from Environtec</p> <p>Jan 2022 – Followed up with Environtec as no price received. Consult have agreed to provide engineer to allow safe access.</p>	
<b>Asbestos</b>	Consider creating a 'standard level of access' document for asbestos surveying works; to create a baseline for asbestos surveyors, to define expectations and to ensure that MH receive the organisation requires, not what the surveyor thinks that is needed; Should form part of the contractual agreement between parties	Asset Manager	31/10/2021  February 2022	<p>From audit, rec 3</p> <p>Nov 2021: Work on this has been delayed due to other priorities. A small working group of relevant staff will draft the document to ensure consistency</p> <p>Feb 2022: Further advice to be sought to gain clarity on document content in February 2022</p>	

Area	Action	Who	When	Comments	Status
<b>Asbestos</b>	Establish a suitable programme of re-inspection based on ACMs left in situ based on completed risk assessment and not arbitrary timescales	Asset Manager	February 2022	From audit, rec 4 This will coincide with the work above by grad trainee to transfer info into excel from HSE Doc by end Jan, then risk assessments can be completed to allow a programme to be formed.  Information sheet from HSE been reviewed by HD/CB. HD to write process on this to allow work to commence to carry our risk assessments and create programme. Annual inspection instructed by DB to contractor in interim.	
<b>Asbestos</b>	Clarify cloning methodology to include process to be followed when an anomaly is found.	AM	February 2022	HHSC confirmed that cloning methodology is accepted so long as we have a clear process when an anomaly is found. To mirror what would happen if an anomaly was found in common cloned survey. There needs to be a documented approach ie clone 60% survey 40% and what the escalation process is, if an anomaly is found. ie we up the percentage of surveying to 50% or more. Update to be included in instructions on asbestos register.	
<b>Asbestos</b>	Management plan to be updated to reflect process to be followed when an anomaly is found in both domestic and common survey reports	HoP	February 2022		
<b>Asbestos</b>	Update detail into instructions on cloning of domestic surveys – including detail on above re finding anomalies	AM	February 2022	Info detailed above to be inserted into instructions.	

## Electrical safety

	Action	Lead	Timeframes	Update
	Amend procedures for EICRs and voids to confirm that any incorrectly completed EICRs, including without the second signature, will not be accepted by the Association.	DB/CB	End Nov '21	Void process updated to reflect
	Confirming owners' and shared ownership owners responsibilities and the Association's responsibilities re LD2 smoke alarms	CB	<del>End Dec '21</del> End February 2022	Awaiting Jan 2022 briefing from SFHA / TC Young for guidance

## Gas

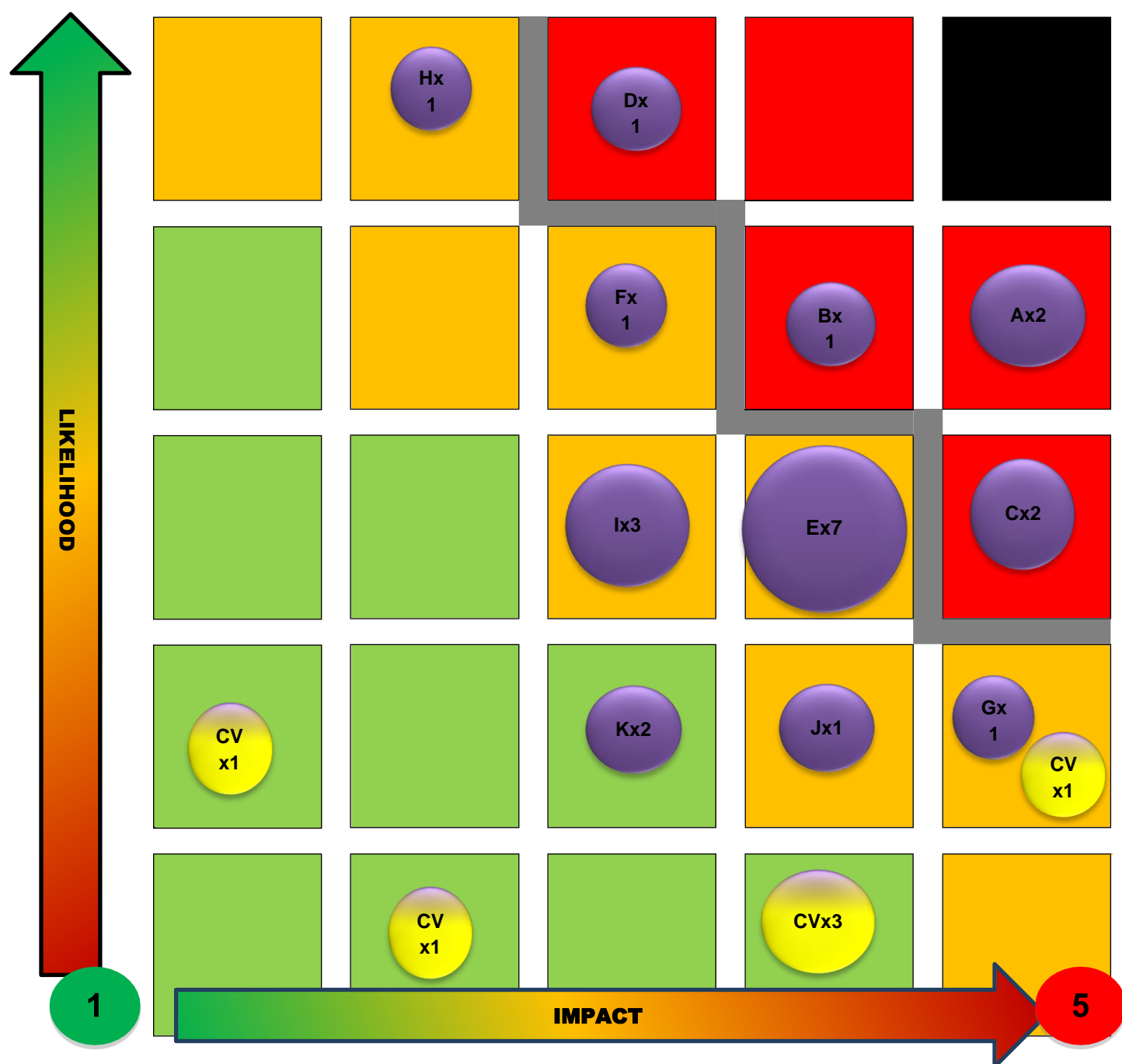
	Action	Update	Lead	Date
6.2	<p><b>Additional action</b></p> <p>Amend general gas servicing process to apply restrict orders after second no access.</p>	<p>DB speaking to CD about how to apply in practice and amend process.</p> <p>Update Nov 2021: Gas process was amended and implemented. Decision to be made on whether or not restrict orders should be implemented as part of new contract.</p> <p>Jan 2022 – Discussion still to be held about this.</p>	<p><b>Maryhill</b> DB</p>	<p>31.04.21</p> <p>30.5.21</p> <p>30.6.21</p> <p>30.8.21</p> <p>31.12.21</p> <p>30.3.22</p>
6	<p>Not to current standards, by their very nature, are NOT unsafe; the installation may not be correct, or not in accordance with the standards, but it is not unsafe.</p> <p>Gas Safe recommend that it's always a good idea to bring an installation up to date; although it is an organisational decision and should be discussed with your competent contractor. From audit, rec 6</p>	<p>To be discussed with current contractor and auditor. Organisational decision to be made.</p> <p>Update Jan 2022 – Awaiting feedback from Argon and Gas Call.</p>	<p><b>Property</b> <b>Manager</b></p>	<p>01/10/2021</p> <p>30/11/2021</p> <p>28.2.22</p>
9	<p>(Action from self assessment against Sep 2021 SHR letter). Identified gas end to end process still requires full finalisation and training.</p>	<p>Finalise and fully train out gas end to end process with all in CCT.</p> <p>12/1/22: training delivered to CCT on 29/9/21. Process will be recirculated to CCT in Jan 2022 and CD will do mop up training with absentees from Sept session.</p>	<p><b>HOP</b></p>	<p>21/12/2021</p>

Maryhill Housing Association – Risk Map – Directors Review – 20 January 2022- Extract for Audit & Risk Committee as at 3 Feb 2022

The table below sets out the Risk Map, which provides an overview of the total number of risks contained in the Risk Register shown by residual risk score.

**RISK MAP GUIDANCE**

- The letter within each circle on the risk map is the risk(s) reference, the related risk(s) can be found below against the relevant letter (e.g. A, B, C)
- The number within each circle indicates the number of risks that fall into that risk score category (e.g. x6 means 6 risks in that risk score category)
- The circles are placed on the map according to where the corresponding risks score in likelihood and impact. That is, the higher on the map the risk is placed, the higher the likelihood of the risk occurring and the further along on the map to the right, the higher the impact the risk would have. This works conversely too as the lower the likelihood the lower down the map and the lower the impact the further to the left, the risk is.
- For ease of identification, the risks specific the coronavirus are shown in the separate yellow circles marked CV
- The colour of the text below indicates current risk level **High** **Medium** **Low**
- Risks in ***bold italics*** have changed since the last quarter's Risk Map submission, the arrow beside indicates whether the risk has been raised **↑** or lowered **↓** (see risk register and covering report for details) **NEW** indicates a new risk. **RISK REDEFINED** indicates an existing risk where the description has been amended.



RISK DETAILS	
<b>A</b>	<b>1 Glenavon Render</b> - Render falling from Glenavon high rises results in harm to staff, public or contractors
	<b>2 Customer experience</b> - Failure to improve customer experience and increase customer satisfaction
<b>B</b>	<b>3 Contractor Failure/Withdrawal</b> – Failure to effectively manage the transition period following a contractor fail/withdraw <b>NEW</b>
<b>C</b>	<b>4 Health &amp; Safety</b> - Board, staff, public or contractors come to harm
	<b>5 Legislation &amp; Regulation</b> - Failure of staff to ensure MHA meets Statutory and Regulatory standards related to operational Activities
	<del>6 Supply Chain Risk – failure in the supply chain reduces ability to deliver services</del> <b>DELETED</b>
<b>D</b>	<b>6 Inflation</b> - Failure to effectively manage the impact of increasing inflation on our financial position <b>NEW</b>
<b>E</b>	<b>7 Rent Collection</b> - Failure to collect rent effectively
	<b>8 Housing Quality</b> - Failure to provide better homes and develop neighbourhoods to feel proud of
	<b>9 Staff Resources</b> - Failure to attract and retain key staff
	<b>10 Leadership</b> - Lack of strategic direction and leadership within staff team
	<b>11 Management</b> - Lack of effective management throughout the organisation
	<b>12 IT</b> – Major loss or failure of IT systems (e.g. fire, major cyber attack, loss of key supplier)
	<b>13 Financial Control</b> - Ineffective financial business planning & financial controls
<b>F</b>	<b>14 Rent Affordability</b> - Failure to deliver affordable rents
<b>G</b>	<b>15 Board Effectiveness</b> - Failure of the Board to lead the organisation effectively <b>↓</b>
	<b>CV7 Coronavirus Governance Risk</b> – failing to have appropriate oversight of the business in place due to lockdown
<b>H</b>	<b>16 Development</b> - Inability to deliver new developments to time and budget
<b>I</b>	<b>17 Contract Management</b> – Failure to effectively manage contractor performance and costs <b>NEW</b>
	<b>18 Community</b> - Failure to address poverty and enable customers to make their lives better
	<b>19 Fraud</b> - Risk that fraud or bribery is committed
<b>J</b>	<b>20 Housing Need</b> - Failure to meet housing need in the local area
<b>K</b>	<b>21 New Ventures</b> - Failure to effectively assess and appraise risks when implementing new business opportunities (e.g. Mid Market Rent)
	<b>22 Reputation</b> - failure to manage communication effectively
	CV9 Coronavirus Infection Risk – failing to implement government restrictions appropriately leading to infection
	CV6 Coronavirus Communications Risk – failing to communicate with all stakeholders
	CV8 Coronavirus Staff Welfare Risk – failing to ensure staff welfare during period of altered working conditions
	CV2 Coronavirus Operational Delivery Risk – failing to continue with operational delivery during lockdown period
	CV5 Coronavirus Financial Risk – failing to maintain our financial position

Maryhill Housing Association – Risk Scoring Matrix

		IMPACT SCORE					KEY/MANAGEMENT	SCORE	IMPACT ASSESSMENT	LIKELIHOOD ASSESSMENT	
		1L	2L	3M	4H	5H					
LIKELIHOOD SCORE	5 H	5	10	15	20	25	<b>CRITICAL RISK</b> Emergency Risk Committee should be called to mitigate risk to at least high with immediate effect	<b>5</b>	<b>CATASTROPHIC</b> - Radically impacts on achievement of strategic level deliverables/timescales/costs with unplanned mitigation. - Sustained, ongoing, adverse, highly critical media coverage probable and/or significant criticism from e.g. SHR/Bank likely - Very significant ongoing adverse impact on operational capability	<b>5</b>	<b>ALMOST CERTAIN</b> - Almost certain that risk will occur. - Poor current control environment - Historically volatile / difficult to predict internal and external factors which will impact significantly on operational capability
	4 H	4	8	12	16	20	<b>HIGH RISK</b> Manager is managing risk within the team supported by Risk Management Meeting and Audit & Risk Committee. Reported to MHA Board.	<b>4</b>	<b>MAJOR</b> - Major impact on operational deliverables/ timescales/cost - Substantial but short lived adverse external criticism unavoidable. - Substantial impact on operational capability	<b>4</b>	<b>LIKELY</b> - Likely that risk will occur. - current control environment poor but actions to improve now in hand - Some unpredictable external factors which may have adverse impact.
	3 M	3	6	9	12	15	<b>MEDIUM RISK</b> Manager is managing risk within the team supported by Risk Management Meeting and reported to the Audit & Risk Committee..	<b>3</b>	<b>MODERATE</b> - Impacts (but not radically) on some key operational deliverables/ timescales /costs - Some adverse but short-lived external publicity or reputation impact likely.	<b>3</b>	<b>POSSIBLE</b> - Possible that risk will occur - Internal control environment good but not capable of influencing / controlling external drivers.
	2 L	2	4	6	8	10	<b>LOW RISK</b> Manager is aware of risk; Manager is managing risk within the team and looking to Risk Management Meeting for support if required.	<b>2</b>	<b>MINOR</b> - Impacts only on operational deliverables/timescales/costs rather than organisation key objectives. - Adverse external publicity or reputation issues unlikely.	<b>2</b>	<b>UNLIKELY</b> - Risk will probably not materialise in immediate or foreseeable future, but should be prepared for - Good control environment but key elements subject to probable internal changes
	1 L	1	2	3	4	5		<b>1</b>	<b>NEGLIGIBLE</b> - Negligible impact on operational deliverables/timescales/costs - No external publicity / reputation risk	<b>1</b>	<b>RARE</b> - Unlikely that risk will occur - Excellent, proven control environment in place.

Each risk is assigned a risk score (likelihood x impact = risk score) at two stages:

- **Original Risk Score** – this shows what the impact and likelihood of the risk would be if the Association had no risk management measures in place
- **Residual Risk Score** – this shows the current assessment of impact and likelihood for each risk, taking into account the risk management measures which are in place

There are two types of risk management measure:

- **Preventative Actions** – these are actions designed to reduce the likelihood of the risk occurring
- **Mitigation Actions** – these are actions designed to reduce the impact of the risk in the event it does occur

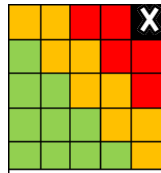
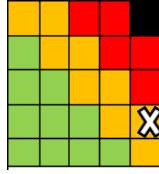
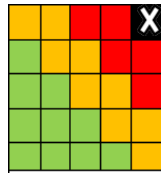
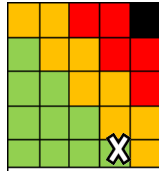
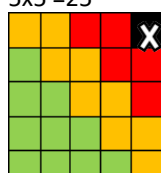
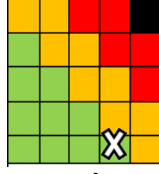
In the **Risk Map** it is the **Residual Risk** score which is shown, therefore highlighting the remaining risk score once all current risk management measures are taken into account.

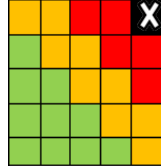
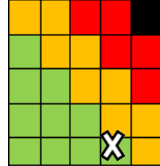
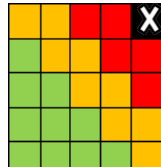
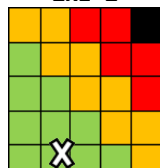
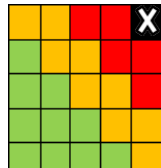
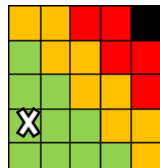
The Risk Register is reviewed on a quarterly basis, and the scores for both Original Risk and Residual Risk might change. Original Risk might change if a risk has become more or less likely e.g. due to a change in our operating environment. Residual Risk might change if a new risk management measure has been introduced or if an existing risk management measure is found to no longer be operating effectively.

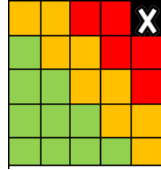
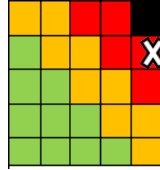
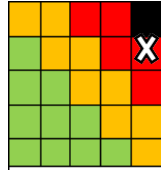
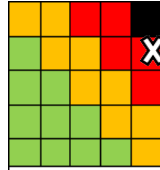
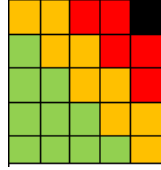
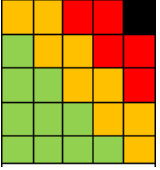
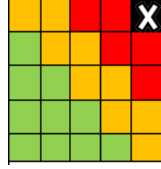
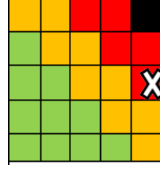
For every risk control measure in place, the initials **P** and **M** are shown to identify if it is a **P**reventative (reduces likelihood) or **M**itigating (reduces impact) action or both

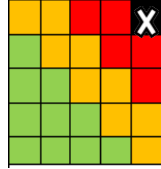
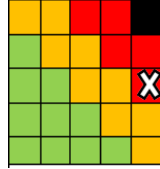
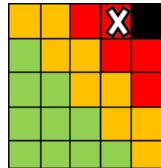
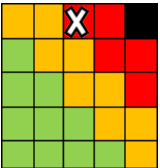
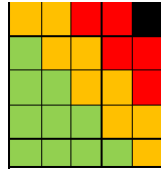
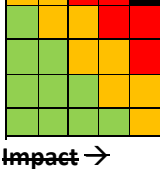
For 1<sup>st</sup> Line of Defence risk control measures which are not yet in place – shown in Working Towards column – a specific post holder is identified who is taking this action forward along with a completion timescale

Maryhill Housing Association – Risk Register – Directors Review 20 January 2022 - Extract for Audit & Risk Committee as at 3 Feb 2022

Risk No.	Risk Owner	Risk Description	Original Risk Score Impact x Likelihood	Prevention & Mitigation Actions Prevention Actions to reduce likelihood, Mitigation Actions to reduce impact <i>items in bold italics indicate movement or NEW</i>	Residual Risk Score Impact x Likelihood	Comments on risk movement or exceptions to be highlighted	
CV7	CEO	<b>Coronavirus Governance Risk</b> – failing to have appropriate oversight of the business in place due to lockdown restrictions	5x5 =25  Impact →	<p><b>In place:</b></p> <p><b>First Line – process and practice</b></p> <ul style="list-style-type: none"> <li>Virtual Boards continuing on normal cycle using Microsoft Teams.(P,M)</li> <li>Online survey used to gather approvals &amp; questions from all Board members in advance of virtual meeting. (P,M)</li> <li>3 rounds of virtual Board recruitment completed during restrictions (P)</li> <li>SMT Teams meetings taking place twice weekly since Lockdown (P,M)</li> <li>Notifiable events continue to be submitted to SHR (P)</li> <li>Staff &amp; Board delegation plan in case of sickness absence (P,M) SHR return completed (P)</li> </ul> <p><b>Second Line – in-house monitoring</b> COVID-19 Impact Analysis in place and updated monthly by each SMT member and reported to the Board</p> <p><b>Third Line – external monitoring</b> Business Continuity re COVID-19 internal audit completed Feb 21</p>	<p><b>Working towards:</b></p> <p><b>First Line – process and practice</b> Moving to in person or blended Board and Committee meetings. <b>First in person Board session scheduled 3 Feb 2022</b></p> <p><b>Second Line – in-house monitoring</b></p> <p><b>Third Line – external monitoring</b> Covid-19 –Relaunch, Planning and Transition Approach (Blended Working and Productivity) internal audit scheduled <del>November 2021</del> Q4 2021/22</p>	5x2 =10  Impact →	<i>Board have raised that continuing use of virtual only meetings is starting to have a negative effect.</i>
CV6	CEO	<b>Coronavirus Communications Risk</b> – failing to communicate with all stakeholders resulting in misunderstanding of service delivery or failure to adhere to necessary restrictions/ amendments, which could in turn undermine control of infection risk or management of service delivery risks	5x5 =25  Impact →	<p><b>In place:</b></p> <p><b>First Line – process and practice</b></p> <ul style="list-style-type: none"> <li>Coronavirus communications plan in place (P)</li> </ul> <p><b>Second Line – in-house monitoring</b></p> <p><b>Third Line – external monitoring</b> Business Continuity re COVID-19 internal audit completed Feb 21</p>	<p><b>Working towards:</b></p> <p><b>First Line – process and practice</b></p> <ul style="list-style-type: none"> <li></li> </ul> <p><b>Second Line – in-house monitoring</b></p> <p><b>Third Line – external monitoring</b> Covid-19 –Relaunch, Planning and Transition Approach (Blended Working and Productivity) internal audit scheduled <del>November 2021</del></p>	4x1 =4  Impact →	
CV8	CEO	<b>Coronavirus Staff Welfare Risk</b> – failing to ensure staff welfare during period of altered working conditions for all staff	5x5 =25  Impact →	<p><b>In place:</b></p> <p><b>First Line – process and practice</b></p> <ul style="list-style-type: none"> <li>Separate workstream on staff welfare as part of covid relaunch planning (P,M)</li> <li>Flexible approach taken to working hours in response to caring responsibilities (P,M)</li> <li>Some staff now working from the office more for welfare reasons (M)</li> <li>All staff trained in carrying out a basic DSE assessment of their workstation &amp; new DSE guidance issued to all staff with tips for homeworking. New equipment provided for homeworking (P,M)</li> <li>1to1s and appraisals continue as normal (P,M)</li> <li>Remote working guidance issued to staff (P,M)</li> <li>Managing remote working guidance issued to managers (P,M)</li> <li>New start staff receiving limited induction sessions via video call (P)</li> <li>Healthy Hour increased from monthly to weekly (P,M)</li> <li>Managers encouraged to hold regular conference call team meetings (P,M)</li> <li>Staff encouraged to consider taking breaks during the day, flexibility of start and stop times available to assist work/life balance, and reminders from managers to consider taking annual leave (P,M)</li> <li>Re-orientation packs issued to staff for each phase of relaunch and as guidance changed, e.g. requirements on face coverings (P,M)</li> <li>Guidelines in place for responding to staff with covid symptoms. (M)</li> </ul>	<p><b>Working towards:</b></p> <p><b>First Line – process and practice</b></p> <ul style="list-style-type: none"> <li>Delivering on actions from learning from absence review (<del>MM, 31/10/21</del>)(MM, 25/12/21)(MM, 1/4/22)</li> </ul>	4x1 =4  Impact →	

Risk No.	Risk Owner	Risk Description	Original Risk Score Impact x Likelihood	Prevention & Mitigation Actions Prevention Actions to reduce likelihood, Mitigation Actions to reduce impact <i>items in bold italics indicate movement or NEW</i>		Residual Risk Score Impact x Likelihood	Comments on risk movement or exceptions to be highlighted
				<ul style="list-style-type: none"> <li>Five Pulse surveys issued to the staff team and results acted upon (M)</li> <li>Wellbeing &amp; Diversity Group operating (P,M)</li> </ul>			
				<b>Second Line – in-house monitoring</b>	<b>Second Line – in-house monitoring</b>		
				<b>Third Line – external monitoring</b> Business Continuity re COVID-19 internal audit completed Feb 21	<b>Third Line – external monitoring</b> Covid-19 –Relaunch, Planning and Transition Approach (Blended Working and Productivity) internal audit <del>scheduled November 2021</del> , rescheduled November 2022		
CV9	CEO	<b>Coronavirus Infection Risk</b> – failing to implement government restrictions appropriately leading to infection of tenants, staff or member of public	5x5 =25  Impact →	<b>In place:</b>	<b>Working towards:</b>	4x1 =4  Impact →	
				<b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>Procedures in place for all work activities delivered outside of staff members' homes (P)</li> <li>All contractors have covid-safe procedures in place (P)</li> </ul>	<b>First Line – process and practice</b> <ul style="list-style-type: none"> <li></li> </ul>		
				<b>Second Line – in-house monitoring</b>	<b>Second Line – in-house monitoring</b>		
				<b>Third Line – external monitoring</b> Business Continuity re COVID-19 internal audit completed Feb 21	<b>Third Line – external monitoring</b> Covid-19 –Relaunch, Planning and Transition Approach (Blended Working and Productivity) internal audit <del>scheduled November 2021</del> rescheduled November 2022		
CV2	CEO	<b>Coronavirus Operational Delivery Risk</b> – failing to continue with operational delivery during restrictions	5x5 =25  Impact →	<b>In place:</b>	<b>Working towards:</b>	2x1 =2  Impact →	
				<b>First Line – process and practice</b> Team process developed around working safely during restrictions (P, M)	<b>First Line – process and practice</b>		
				<b>Second Line – in-house monitoring</b>	<b>Second Line – in-house monitoring</b>		
				<b>Third Line – external monitoring</b> Business Continuity re COVID-19 internal audit completed Feb 21	<b>Third Line – external monitoring</b> Covid-19 –Relaunch, Planning and Transition Approach (Blended Working and Productivity) internal audit <del>scheduled November 2021</del> rescheduled November 2022		
CV5	CEO	<b>Coronavirus Financial Risk</b> – failing to maintain our financial position as a result of loss of income stream	5x5 =25  Impact →	<b>In place:</b>	<b>Working towards:</b>	1x2 =2  Impact →	
				<b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>Processes adapted to enable full range of finance functions to continue to be delivered throughout (P,M)</li> <li>Arrears recovery and temporary process of specialist approach to address arrears increase, now back to generic (P,M)</li> </ul>	<b>First Line – process and practice</b>		
				<b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li>Monitoring of void rent loss</li> </ul>	<b>Second Line – in-house monitoring</b>		
				<b>Third Line – external monitoring</b> Business Continuity re COVID-19 internal audit completed Feb 21	<b>Third Line – external monitoring</b> Covid-19 –Relaunch, Planning and Transition Approach (Blended Working and Productivity) internal audit <del>scheduled November 2021</del> rescheduled November 2022		

Risk No.	Risk Owner	Risk Description	Original Risk Score Impact x Likelihood	Prevention & Mitigation Actions Prevention Actions to reduce likelihood, Mitigation Actions to reduce impact <i>items in bold italics indicate movement or NEW</i>		Residual Risk Score Impact x Likelihood	Comments on risk movement or exceptions to be highlighted
1	CEO	<b>Glenavon Render</b> - Render falling from Glenavon high rises results in harm to staff, public or contractors	5x5 =25  Impact →	<b>In place:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>live Risk Mitigation Statement in place which sets out all risk mitigation in place and any changes reported to Board (P,M)</li> <li>daily visual inspection regime in place (M)</li> <li>monthly abseil inspections and removal of loose render in place (P,M)</li> <li>emergency escalation process in place to ensure any further render falls are communicated effectively to senior management (M)</li> <li>updating of insurers of any changes to position (M)</li> <li>Option appraisal for long term replacement commissioned (P,M)</li> </ul> <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li>Monitoring at Assurance Board</li> <li>Notifiable event monitored monthly ay Board</li> </ul> <b>Third Line – external monitoring</b>	<b>Working towards:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>acting on recommendations from long term option appraisal reports (BW, timeframe TBC)</li> <li>legal case ongoing (BW, timeframe TBC)</li> <li><b><i>procedure for working in areas currently cordoned off needs completed and rolled out (JR, 28/2/22)</i></b></li> </ul> <b>Second Line – in-house monitoring</b>  <b>Third Line – external monitoring</b>	5x4 =20  Impact →	
2	CEO	<b>Customer experience</b> - Failure to improve customer experience and increase customer satisfaction	5x4=20  Impact →	<b>In place:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>Customer service standards training in place for new staff (P)</li> <li>Complaints process &amp; learning from complaints (P,M)</li> <li>Operational processes in place (P,M)</li> <li>Customer feedback on operational areas - repairs, ASB, investment and new tenants (P,M)</li> <li>Customer satisfaction survey and learning feeding into corporate plan (P,M)</li> <li>Organisational values embedded in appraisal, 1to1 and induction (P)</li> <li>My Home online portal in place with repairs options for tenants(P,M)</li> </ul> <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li>Operations Team Meeting monthly</li> <li>Learning from Complaints Group</li> <li>Assurance Board report</li> </ul> <b>Third Line – external monitoring</b> Complaints handling & customer experience internal audit during 2019/20	<b>Working toward:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>Launching a customer charter-(30/3 BW)</li> <li>Detailed analysis of themes from customer satisfaction survey required (28/2 BW)</li> <li>Review of Corporate Plan (30/3 BW)</li> <li>Review the Service Improvement Panel</li> <li>My Home repairs options for <b><i>communal areas still to be resolved (February) (CD)</i></b></li> <li><b><i>Customer workshops in person to follow up on results for the survey (30/3 BW)</i></b></li> </ul> <b>Second Line – in-house monitoring</b>  <b>Third Line – external monitoring</b> Complaints & Customer Satisfaction audit proposed for 2024/25	5x4 =20  Impact →	
3	<b>NEW</b>	<b>Contractor failure/withdrawal</b> – Failure to effectively manage the transition period following a contractor failure or withdrawal	4x4 =16  Impact →	<b>In place:</b> <b>First Line – process and practice</b> Working with other RSLs  <b>Second Line – in-house monitoring</b>  <b>Third Line – external monitoring</b>	<b>Working towards:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li><b><i>Explore possible contingency arrangements for key contracts (CB, 1/4/22)</i></b></li> </ul> <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li><b><i>Introduce credit checks for key contractors (KF, 1/4/22)</i></b></li> </ul> <b>Third Line – external monitoring</b>	4x4 =16  Impact →	<b>NEW RISK</b>
4	CEO	<b>Health &amp; Safety</b> - Board, staff, public or contractors come to harm	5x5=25  Impact →	<b>In place:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>Health &amp; Safety framework in place (P,M)</li> <li>H&amp;S expert appointed to provide ad hoc advice and support (P,M)</li> <li>H&amp;S training on key 6 areas for all relevant staff</li> </ul> <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li>Monitoring at Assurance Board</li> <li>Notifiable event monitored monthly at Board</li> <li>H&amp;S Forum meets quarterly</li> </ul>	<b>Working toward:</b> <b>First Line – process and practice</b> Detailed H&S action plan in place (BW, ongoing) <b><i>Certificated H&amp;S training being rolled out for all relevant staff (CB, ongoing)</i></b>  <b>Second Line – in-house monitoring</b> <b><i>New approach to H&amp;S monitoring and oversight (BW, April 2022)</i></b>	5x3 =15  Impact →	

Risk No.	Risk Owner	Risk Description	Original Risk Score Impact x Likelihood	Prevention & Mitigation Actions Prevention Actions to reduce likelihood, Mitigation Actions to reduce impact <i>items in bold italics indicate movement or NEW</i>		Residual Risk Score Impact x Likelihood	Comments on risk movement or exceptions to be highlighted
				<b>Third Line – external monitoring</b> External expert carrying out range of H&S audits – all six areas now completed lifts; electrical safety; asbestos; gas; fire; legionella. <b>Programme of further audits (1 per year) and external health and safety advice procured.</b>	<b>Third Line – external monitoring</b>		
5	CEO	<b>Legislation &amp; Regulation</b> - Failure of staff to ensure MHA meets Statutory and Regulatory standards related to operational activities	5x5=25  Impact →	<b>In place:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>Assurance process in place (P)</li> <li>Full assurance framework review quarterly (P) impact of new legislation and regulation reviewed monthly by SMT (P,M)</li> </ul> <b>Governance calendar reviewed at SMT to ensure statutory returns submitted appropriately (P)</b>  <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li>Quarterly reporting to SMT of assurance</li> <li>Three times a year assurance to Board</li> </ul> <b>Third Line – external monitoring</b> Governance review by external advisor	<b>Working toward:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>MMR governance and management processes (RW, 31/7/21) <i>ONGOING</i></li> <li>H&amp;S actions with legislative implications (covered in H&amp;S above)</li> </ul> <b>Second Line – in-house monitoring</b>  <b>Third Line – external monitoring</b> <b>Information Management internal audit November 2021</b>	5x3=15  Impact →	
6 NEW		<b>Inflation Risk</b> – Failure to effectively manage the impact of increasing inflation on our financial position	4x5=20  Impact →	<b>In place:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li>30 year financial plans</li> <li>Rent policy and increases considers inflation</li> <li>Rent increases considering beyond one year impact</li> <li>Fixed price contracts</li> <li>Scottish government frameworks</li> <li>Continue to lobby EVH to take account of inflation and rent affordability pressures</li> </ul> <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li>Modelling scenarios on business plan impact</li> </ul> <b>Third Line – external monitoring</b> <ul style="list-style-type: none"> <li>DTP appointed treasury advisors to provide forecast data</li> </ul>	<b>Working towards:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li><i>Identify long term efficiencies within the business plan (RW 31/3/23)</i></li> <li><i>Resolve negotiations with contractor on inflationary increase requests (JS 31/3/22)</i></li> </ul> <b>Second Line – in-house monitoring</b> <ul style="list-style-type: none"> <li><i>Mid Year inflation impact assess through business plan (RW, October 2022 Board)</i></li> </ul> <b>Third Line – external monitoring</b> DTP moving to monthly inflation updates	3x5=15  Impact →	<b>NEW RISK</b>
6	CEO	<b>Supply Chain Risk</b> – failure in the supply chain reduces ability to deliver services effectively and safely	5x5=25  Impact →	<b>In place:</b> <b>First Line – process and practice</b> <ul style="list-style-type: none"> <li><del>Monthly contract management meetings (P,M)</del></li> <li><del>Seeking evidence and alternatives from contractors where supply chain delays arise (P,M)</del></li> <li><del>Clear communication with customers (M)</del></li> <li><del>GWSF info sharing to enable learns from others (M)</del></li> </ul> <b>Second Line – in-house monitoring</b>  <b>Third Line – external monitoring</b>	<b>Working towards:</b> <b>First Line – process and practice</b> Agree implications and alternative sources of materials with investment and reactive contractors (CB, 30/8/21). <b>In place now, action CLOSE</b>  <b>Second Line – in-house monitoring</b>  <b>Third Line – external monitoring</b>  <b>Consider if contract management should be an internal audit in future year</b>	3x5=15  Impact →	<b>PROPOSE TO REMOVE RISK AS REPLACED BY THREE NEW RISKS CONTRACT MANAGEMENT; CONTRACT FAILURE AND INFLATION</b>





<b>Project:</b>	Cumlodden Estate Windows and Doors (c/f from 20/21)
<b>Description:</b>	Scheduled replacement of all windows and doors on deck access properties (excluding common windows and doors in enclosed stairwells) (plus 4x common areas at Bilsland Court) (Year 2 of 2 year programme)
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 4 common areas at Bilsland Court moved to Phase 2</li> <li>• 44 properties (for replacement windows only) (includes 9 no accesses from 19/20 programme)</li> <li>• 32 properties (for replacement windows and doors) (includes 2 no accesses from 19/20 programme)</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Programme now complete, with the exception of 1 property at Bilsland Court, due for installation on 10 Feb 2022</li> </ul>

<b>Project:</b>	Internal Wall Insulation (c/f from 20/21)
<b>Description:</b>	Installation internal wall insulation to suitable properties to improve energy efficiency.
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 30 sandstone tenement properties identified as potentially suitable for internal wall insulation</li> </ul>
<b>Progress update:</b>	<p><b>IWI:</b> Covid-19 restrictions delayed this project due to the intrusive nature. Project has now been pushed on to 2021-2022 to allow the contractors to work unrestricted within customers' homes. The contract is currently being priced (June 2021) and will be awarded in the next fortnight by direct award. Project expected to be on-site early July 2021. ECO funding of £45k secured for the project. Number of potential properties is 27.</p> <p><b>July update:</b> Delays encountered with the prospective framework contractor due to staff absences. Completed tender documentation. Evaluated by the Asset &amp; Investment Managers and it is expected an award can be made in early August 2021, with the subsequent pre-start meeting to follow. The works likely to commence on site by late August 2021.</p> <p><b>November update:</b> Following the framework tender evaluation, the tender costs increased significantly from the original budget. We are unable to demonstrate value for money by making a direct call off/award. We also understand there are additional contractors who may now be suitably qualified to carry out this type of work. The project will be published as a full tender on Public Contract Scotland and is expected to be awarded by the end of December 2021.</p> <p><b>January 2022 Update:</b> Delayed due to other procurement, tender is now published on PCS, deadline for submissions is 25<sup>th</sup> February 2022. Project start will now be in 22/23.</p>

<b>Project:</b>	Heating Replacement (Air source Heat Pumps) to 266 Cumlodden Drive (c/f from 20/21)
<b>Description:</b>	Installation of ASHPs in 266 Cumlodden, kitchens and bathrooms to various flats. (carried from 19/20 programme)
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 28 ASHPs were to be installed in total:</li> <li>• 7 kitchens</li> <li>• 5 bathrooms</li> <li>• Was due for completion by March 2020 but impacted by COVID lockdown.</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Confirmation received 13/8/20 that a building warrant is required for the installations, despite previous advice otherwise and all works did not resume due to lockdown and lack of statutory consents.</li> <li>• Fire-stopping works carried out in w/c 10/8/2020.</li> <li>• Building warrant granted in April 2021.</li> <li>• As at Nov 2021, 20 out of 28 properties (71.4%) complete for ASHP installation.</li> <li>• Snagging of communal works has been completed and minor snagging completed by end of November 2021</li> <li>• <b>January 2022 Update:</b> – Remaining Infrastructure works still outstanding due to contractor labour shortage. Contractor is aiming to have labour in place by mid-February 2022. Expected that works will carry into early 2022-2023. <b>21 out of 28 properties complete for installation (75% completion) – access unlikely for remaining 7. No further attempts will be made to access the 7 units at this time, but an installation will be made if the tenancy changes or the customer changes their mind.</b></li> </ul>

<b>Project:</b>	Heating Replacement Programme – mini multi stock (11 blocks) (continued from 20/21)
<b>Description:</b>	Installation of ASHPs in 11 mini multi blocks, kitchens and bathrooms to various flats, provision of broadband cabling and other associated electrical works. Project scope expanded in April 2021 to include removal of glass brick partition walls.
<b>Key information:</b>	<p><b>Phase 1 Delivery Programme: Now year 2 (21/22) (phase 1)</b> 276 Cumlodden Dr, 4 Fearnmore Rd, 32 Fearnmore Rd, 60 Fearnmore Rd, 88 Fearnmore Rd</p> <ul style="list-style-type: none"> <li>• 151 ASHP Systems</li> <li>• 25 Kitchen Installations</li> <li>• 25 Bathroom Installations</li> <li>• Electrical Consumer Unit upgrade and Wi-Fi to all blocks</li> </ul> <p><b>Phase 2 Delivery Programme: Still Year 2 (21/22) (phase 2)</b> 120 Fearnmore Rd, 200 Shiskine Dr, 220 Shiskine Dr, 1 Lyndale Rd, 5 Lyndale Rd, 545 Sandbank St.</p> <ul style="list-style-type: none"> <li>• 179 ASHP Systems</li> <li>• 30 Kitchen Installations</li> <li>• 30 Bathroom Installations</li> <li>• Electrical Consumer Units and Wi-Fi to all blocks</li> </ul>

	<p>The programme was originally an 18 months delivery period with a project spend profile across years 1/2/3 of the business plan. However due to delays as a result of the Covid restrictions, re-tendering and statutory notices coupled with the closing date for RHI of March 2022 (any completed system after this date will not have RHI funding). The budget and programme for this has been fully re-profiled to reflect a 14 month programme with the majority of the project spend in year 2 (21/22).</p>
<p><b>Progress update:</b></p>	<ul style="list-style-type: none"> <li>• Contract awarded to Turners. Pre-start meeting complete in March 2021 with site start achieved in April 2021.</li> <li>• Building Warrants for all 11 blocks granted March/April 2021, allowing for project start on 19 April 2021.</li> <li>• First stage of WiFi installation is complete with all cabling in place. Contract process complete with WiFi installation contractor (Social Telecoms). Further visits to site with Social Telecoms and a solution to use existing cables to install fibre broadband has been identified.</li> <li>• Social Telecom providing programme of cable installations and network points by end of November 2021</li> <li>• (As at Nov 2021) Access to survey for properties within blocks in Phase 1 is around 86% Installations of communal infrastructure within Phase 1 blocks is 100%</li> <li>• Full installations of the heating systems within properties in Phase 1 blocks is around 80%</li> <li>• Customer feedback from Customer Satisfaction surveys so far is: 88% Very or Fairly Satisfied.</li> <li>• General feedback on systems is varied due to the volume of works and disruptive nature of the installation but positive comments on more functional heating and hot water availability and helpfulness of staff</li> <li>• Customers being assisted and advised to contact their utility providers to ensure that the existing dual-meter arrangement is changed to a single rate meter and to shop around for a more competitive price tariff for their electricity.</li> <li>• Initial kitchen and bathroom numbers significantly decreased as limited installs have been required. Surveys for these works within Phase 2 have been accelerated to understand if this trend will continue. [surveys completed by early December 2021.]</li> <li>• Turners have indicated a 45% increase on radiator costs which is currently being reviewed by MH. The Scottish Government have noted that they may be able to cover the cost of some of this through the LCITP grant funding.</li> </ul> <ul style="list-style-type: none"> <li>• <b>February 2022 Update: Access to survey for properties within blocks in Phase 1 is around 92%</b></li> <li>• <b>Installations of communal infrastructure within Phase 1 blocks is 100%</b></li> <li>• <b>Full installations of the heating systems within properties in Phase 1 blocks is around 86%</b></li> <li>• Surveys of Phase 2 blocks have commenced in late January 2022</li> <li>• The contractor has provided assurances that programmed installations and the overall project will be complete by mid-April 2022</li> <li>• Kitchen and bathroom installations for the full project now confirmed as 5 kitchens and 2 bathrooms from original provision of possible 55 (all complete).</li> </ul>

<b>Project:</b>	Heating pilot: Glenavon high rise
<b>Description:</b>	Extended pilot of Quantum storage heating to 19 properties within Glenavon high rise blocks, including removal of air source heat pumps units installed as part of first pilot.
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 20 households volunteered to be part of pilot which will run from July to December 2021</li> <li>• 3 properties already have Quantum heating installed.</li> <li>• 3 properties with ASHPs installed will have these replaced by Quantum heating</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Contract tendered through PCS quick quote. Turners awarded contract.</li> <li>• Works planned to start in June 2021, but delayed due to material supply shortages. Site start September 2021</li> <li>• Sensors installed in all properties; 90% of data collection authorisation forms signed. Weekly review of incoming data from sensors. Customer satisfaction/feedback visits due w/c 8/11 then 4 weekly thereafter.</li> <li>• 2 properties added to pilot, totalling 21 properties (1 opted out)</li> <li>• 2 properties identified for battery storage trial</li> <li>• All radiator / cylinder installations now complete with two battery packs just to be installed in the final week in November.</li> <li>• <b>February 2022 Update:</b> One battery storage system has been installed, there has been delays with installations of the second battery due to covid issues with the sub-contractor. Metering issues have been identified in the customers home who has the battery installed. Investment team is liaising with Scottish Power on a resolution.</li> <li>• Data collation for pilot ongoing but difficulty encountered with customers providing access at end of pilot. Initial feedback is customer reluctance to use the new heating system due to fear about cost.</li> </ul>

<b>Project:</b>	Electrical Inspections and Smoke Alarm Installations
<b>Description:</b>	5 Year programme to inspect electrics of all properties, combined with installation of fire detection equipment.
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Power DC are currently appointed contractor.</li> <li>• Smoke Alarms have to be compliant with current legislation by February 2022 (deadline extended due to COVID)</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Programme started 27/7/20; stopped 06/01/2021 due to COVID.</li> <li>• Programme re-started 19 April 2021</li> <li>• <b>June:</b> access to properties very low despite customers confirming appointments. Properties for smoke alarm installation will be subject to forced access process in future.</li> </ul>

	<ul style="list-style-type: none"> <li>• Change to appointment process from w/c 2/8/21 with Maryhill booking confirmed appointments only via telephone with a focus on those properties without upgraded heat detection.</li> <li>• As standard practice as part of all voids and investment works involving electrical works, smoke alarm installation being completed in addition to the programme of electrical inspection.</li> <li>• <b>November 2021:</b> a Customer Advisor dedicated to the contract was appointed in October. This resource will allow the No Access process to be implemented to accelerate the access rate towards target</li> <li>• <b>January 2022 Update:</b> PDC badly affected by Covid cases over December and January coupled with high number of cancellations by tenants citing positive Covid tests has meant plans to double the appointment capacity have been delayed. Due to recommence in mid Feb with double capacity (72 appointments a week).</li> <li>• <b>Scottish Government deadline for installation of fire detection now passed on 1/2/2022.</b></li> <li>• <b>As at 1/2/2022, 2370 (of 3046) properties are compliant with legislation for installation of fire detection systems (78%)</b></li> <li>• <b>2664 Electrical Inspection Condition Reports completed (88%)</b></li> <li>• <b>Common Areas: 99% completion - 7 Common Areas outstanding, now scheduled to be complete end of Feb 2022.</b></li> </ul>
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<b>Project:</b>	Foyer improvements
<b>Description:</b>	Improvements within foyer areas of multi and mini multi stock; including floors, front and rear doors, and removal of the glass brick partition walls in the mini multis
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 15 blocks total</li> <li>• Works are planned to follow heating upgrades within the blocks so will now be moved into <b>years 3 and 4</b> of the 4 year programme.</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Designs for foyer improvements within multi story blocks to be same as mini multis</li> <li>• Due to delay caused by COVID and delayed start of heating upgrade programme, project will start within year 3 of investment programme (22/23)</li> <li>• During Q1 22/23, feedback to be taken from customers on designs block by block</li> <li>• Removal of glass brick partition walls will now happen as part of the ASHP project as a condition of the statutory consent for the works.</li> <li>• <b>February 2022 Update:</b> Delays due to vacant post within team. The newly appointed Investment manager will be managing this project. Design to be revised to the installation of the ASHP and the split level layout of the foyers. Subject to budget approval, procurement to start Q1 22/23.</li> </ul>

<b>Project:</b>	Glenavon Bin and Pump Rooms Doors (c/f from 20/21)
<b>Description:</b>	Replacement of the bin room and pump room doors at the 3 Glenavon Rd tower blocks
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 5 sets of double doors across 29, 71 and 115 Glenavon Rd blocks</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• October 2021: Snagging resolved. Project completed</li> </ul>

<b>Project:</b>	Stoneworks Repairs (continued from 20/21)
<b>Description:</b>	Repairs to sandstone tenements identified as urgently required on H&S grounds
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Following on from stonework surveys carried out by masonry architect, there are a number of properties that require urgent stone repair works</li> <li>• These repairs are required to a number of tenements in Hathaway Lane and across the stock.</li> <li>• Project spans 4 years of investment plan</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• We have engaged with a Structural Engineer following on from recommendations from the Masonry Architect. The Engineer is currently providing a detailed assessment of the highlighted urgent defects. The report will be assessed and will assist in what properties may require to be re-prioritised for commencement of the project in 2021-2022.</li> <li>• Further information has been received from Officers in relation to the bin store roofs and the potential for urgent works. Priorities may have to be re addressed and these works are now likely to include owner occupiers. The Investment Manager and Factoring Manager will be consulting further with the structural engineer and the solicitors to best understand obligations, as the works are likely to be very cost prohibitive</li> <li>• <b>February 2022:</b> Plan now set out for prioritisation of blocks for consultation and work, starting with 3 blocks in year 1, 6 blocks in year 2 and 5/6 blocks per year thereafter over 23 years. Annual visual inspection of blocks will be carried out to check if there is further deterioration which will continually revise future plan and priority.</li> </ul>

<b>Project:</b>	Improvement Works to Common Water Tanks
<b>Description:</b>	Repairs and improvements to common water tanks following surveys which were due to be carried out in 2019/20
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Surveys were postponed due to COVID-19.</li> <li>• Work will not start all until information received.</li> </ul>

<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Surveys recommenced August 2020. Improvement works will commence in 21/22 when survey data has been reviewed.</li> <li>• Surveys completed March 2021. Survey data received and is now being collated to form a plan for repair, improvement or decommissioning of common tanks. This programme is now planned to cover three years (21/22 – 23/24)</li> <li>• Legionella training delivered on 8/9/21</li> <li>• <b>November:</b> 250+ common tank surveys completed and information inserted into database. Work commenced on brief to procure contractor, to be published in December 2021 for a February award. During procurement, work will start on risk assessment factors which will allow us to develop full programme.</li> <li>• <b>January 2022 Update:</b> – tender published in January with a submission deadline of February 23<sup>rd</sup>. Risk assessments to be completed by end Feb 2022 to determine schedule of works for appointed contractor.</li> </ul>
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<b>Project:</b>	Hazlitt Place – Back Doors (c/f from 2021)
<b>Description:</b>	Installation of back doors in two properties in Hazlitt Place without back doors.
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Planning permission will be required for this project</li> <li>• Provisional start date of April 2021</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• <b>Project complete – August 2021</b></li> </ul>

<b>Project:</b>	Back courts environmental works
<b>Description:</b>	Survey of all back courts to identify priorities for repairs and improvements, consultation with tenants and owners to start works in 2021/22
<b>Key information:</b>	Project has been delayed by COVID due to inability to start surveys.
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Surveys delayed by COVID restrictions</li> <li>• Surveys initially intended to be carried out jointly by Housing and Property Officers during late Q3 and into Q4 but delayed by impact of COVID</li> <li>• Consultation with tenants and owners expected to start in Q4 2021, dependant on survey returns</li> <li>• <b>Feb 2022:</b> Surveys on wider stock to be carried out by HOs and POs jointly by Q2 in 22/23, incorporating an estate walkabout with owners and tenants.</li> </ul>

<b>Project:</b>	Common area doors – mini multis and multis - Year 2 of 2
<b>Description:</b>	Replacement of common area doors in the mini multi and multi storey stock to provide increased fire protection (year 2 of 2 year programme)
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Replacement of common doors within Mini Multis (6 this year)</li> <li>• 220 doors replaced across 6 remaining blocks</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• Project completed 14 June 2021</li> </ul>

<b>Project:</b>	Roof Repairs – 7 Lochburn Road (c/f from 20/21)
<b>Description:</b>	Following a condition survey discussions with owners occupiers in relation to the contents of the survey and formulation of project plan for works recommended by Building Surveyor/Structural Engineer
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Large corner sandstone tenement</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• July 2019: Owners agreed with Association planning to renew the roof and repair the stonework in year 2020/2021</li> <li>• Alternative Structural Engineer's report instructed in November 2019; report indicated minor issues with stonework which has been instructed for repair.</li> <li>• Owners meeting were to be scheduled to agree next steps at end Q4 (2019/20) depending on owners' availability this was not possible due to COVID lockdown.</li> <li>• On hold currently with plan to carry out work in 2021/2022 due to condition of roof not being a concern</li> <li>• Owners updated in November 2020</li> <li>• Owners meeting to be scheduled in Tier 1 restrictions to gauge appetite following report from structural engineer and availability of grant funding</li> <li>• Nov 2020: Water ingress issue with flat in 1490 Maryhill Rd (adjoining roof). Contractor has quoted works over £2k to repair. Going to arrange spec for all repairs to roofs at 7 and 1490, and then arrange quotes and hold meeting/vote with owners.</li> <li>• June 2021: Survey completed and specification for repair / replacement options prepared by Roofing Advisors</li> <li>• Specification issued to residents in August and agreement reached for full roof replacement to be tendered</li> <li>• Grant funding from GCC may only cover full tenement refurbishment so may not be available for owners for roof repairs only.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>November 2021:</b> Project currently out to tender. Tender returns received 8<sup>th</sup> November 2021. Contractor award will be made once owner approval gained. Works expected to take around 8-12 weeks.</li> <li>• <b>January 2022 Update:</b> Meeting and owner vote arranged for 23 February. Majority agreement required before works can proceed. Owners have 62% ownership, MHA 38%. Expectation that owners will agree to proceed. Works therefore likely to start in March / April 2022.</li> </ul>
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<b>Project:</b>	Cumlodden estate bin stores
<b>Description:</b>	Repairs to electrics and interior / exterior lighting in bin stores across the Cumlodden estates
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• 11 bin stores in total to complete, following completion of pilot bin store in 20/21</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• <b>January 2020 - Project Complete</b></li> </ul>

<b>Project:</b>	Roof Repairs 1410 – 1428 Maryhill Road
<b>Description:</b>	Roof survey completed in 2020/21 highlighted a number of defects which are likely to be been caused by works completed prior to SST in 2011.
<b>Key information:</b>	<ul style="list-style-type: none"> <li>• Water penetration has been on-going since before stock transfer</li> <li>• Survey carried out to roof in 2012 identified same defects but remedial action was not instructed.</li> </ul>
<b>Progress update:</b>	<ul style="list-style-type: none"> <li>• <b>November 2021:</b> Works completed 18 November 2021</li> <li>• <b>Project Complete</b></li> </ul>

**Programme Key**

Green	Project started and on track for completion within 21/22
Yellow	Project started but unlikely to be completed within 21/22
Red	Project carried forward to 22/23
Blue	Project will no longer proceed
Grey	Project completed



## DEVELOPMENT ASSURANCE REPORT

**FEBRUARY 2022**

**Note**

**RAG** (Red, Amber, Green)

	Action is expected to be completed by the agreed target date
	A minor delay (<3 months) in completing the action is expected
	A significant delay (>3 months) in completing the action is expected

<b>Board Gateway Approval</b>	
<b>Annual Growth Plan</b>	
<b>Gateway 1</b>	<b>Outline feasibility</b>
<b>Gateway 2</b>	<b>Detailed feasibility/site investigations</b>
<b>Gateway 3</b>	<b>Site acquisition or project activation for land-banked sites</b>
<b>Gateway 4</b>	<b>Planning where the design has changed from Gateway 3</b>
<b>Gateway 5</b>	<b>Contract award</b>
<b>Gateway 6</b>	<b>ompletion</b>

MARYHILL HOUSING ASSOCIATION									
PROGRAMME PROJECTS ON SITE									
RAG	Project	No. Of Homes	Start Date	Scheduled Completion Date	Comments	Actions	Who	When	Gateway Stage
	Bilsland Drive	1	3 <sup>rd</sup> June 2019	13 <sup>th</sup> February 2020	Some end of defect outstanding	Contractor has been advised all end of defects items have not been completed Price been obtained for outstanding defects. Retention still being retained.  Gateway 6 completion report	AG  AG/AMcA	Ongoing  Mar 22	5

	Leyden Street	1	23 Sept 2019	25 <sup>th</sup> January 2021	Water leak from above still to be repaired. Owner above is in contact with her insurer	Instruct insurance works once leak from above has been repaired and area dried out	AG	Ongoing	5
Oran	Oran & Shiskine	3	Shiskine – w/c 31 <sup>st</sup> August  Oran – 29 <sup>th</sup> Sept	Shiskine – 18 <sup>th</sup> Jan 2021 Delayed to 26 <sup>th</sup> Feb 2021 Oran – 19 <sup>th</sup> Feb 2021	Oran handover over and tenant moved in  Shiskine Delay in Building control issuing completion certificates	Shiskine Contractor carrying out remedial and improved sound insulation. Sound test to be carried out once complete	AG	Ongoing	5
Shiskine									
	Roths Drive	22	22/02/21	Delay to 25 <sup>th</sup> March 2022	The contract has intimated an extension to the programme due to material and labour issues  Potential claim remains unchanged due to a complete lack of information from RPH.	Liaise between B&W and NRS On additional works  Handover meeting with Property/Housing and the contractor scheduled	LM  LM	Ongoing  Feb 22	5
	Botany Corner	26 SR 18 MMR 18 NS SE	07/12/20	Delayed to 28 <sup>th</sup> Oct 22	Works progressing well although delays due to material and labour availability beginning to impact on progress. Contractor has applied for an extension of time of 8 weeks	Final costs submitted to NRS for sheet piling works and other works removed from tender by DRS. – chasing for a response	AG	ongoing	5
PROJECTS IN DESIGN DEVELOPMENT									
RAG	Project	No.	Estimated Start Date	Scheduled	Comments	Actions	Who	When	Gateway Stage

		Of Homes		Completion Date					
	Smeaton Street	16			Contractor issued provisional tender. QS and contractor working through the figures	Submission for grant to NRS	LM	Feb 22	4
<b>PROGRAMME – PROJECTS IN PIPELINE/FEASIBILITY</b>									
RAG	Project	No. Of Homes	Estimated Start Date	Scheduled Completion Date	Comments	Actions	Who	When	Gateway Stage
	Maryhill Cross	50			Board approved the CPO subject to final details. Council aiming to get committee approval Feb/March 22 Stakeholder group established to take CPO forward	Monitor committee paper and CPO approval	AMcA/ BW	Ongoing	1
	Shannon Street	22			Project proposal from received from NRS.	Obtain quote for landscaping consultant on open space Arrange with GCC to start negotiations to purchase the site Get quote for valuation	AMcA	Feb 22	2
	Shawpark Street	24			Architect preparing some additional drawing for planning  Project proposal form with NRS for approval	Chase NRS for project proposal form Get quote for valuation Arrange with GCC to start negotiations to purchase the site	AMcA	Feb 22	1
	TRA & Green Infrastructure	250			Mixed tenure redevelopment site within the North Maryhill TRA Tender issued for design team	Delivery strategy to be decided  Monitor grant application with Community regen	BW  DB/BW/ AMcA	Ongoing  Feb/Mar 22	1

					Application for derelict land agent for green/blue infrastructure prepared	Contact GCC about shops at Glenavon	AMcA	Mar 22	
						Judge tender return for consultants	AMcA	Mar 22	
	Currie Street/ Ruchill Golf course	Tbc			The site is vacant green space within the Ruchill golf course. The site has been identified in the Council 's draft strategic development plan (SDP) for residential development  Not sure how much land will be left after the new stockingfield bridge link is completed	Waiting until the new bridge is completed to establish the potential for new houses No change	AMcA	Ongoing	1
					Waiting on a decision of the future of Ruchill Golf Course. This site could be combined with a redevelopment of the Golf course if it is to be closed	Waiting on confirmation from Glasgow Leisure that the golf course will close Monitor the decision of the future of the golf course No change	AMcA	Ongoing	
	Acre Road	Tbc			We have been approached by a developer who is negotiating to purchase the site. We have confirmed we would be interested in Flats	Developer has received planning consent Indications are the site may have been sold – try to contact the owner/agent	AMcA	Ongoing	1
	Fearnmore Lockups Shuna St & Cadder Rd lock ups	12  6 & 4			Fearnmore – investigate conversion of lock up garages below mini mults Shuna/Cadder – investigate new family housing on the site  Feasibility study cost to be funded speculatively by the Association	Shuna Draft feasibility completed – Response from planning being considered Revised design to be costed Cadder – the site can only accommodate 2 houses – not viable alternatives being considered	AMcA	Mar 22	1

						Fearnmore Design not feasible alternatives to be considered			
	Dalsholm Road				Potential joint development with West of Scotland Housing Association	Heads of terms to be agreed with WoS and between WoS and the owner/developer	AMcA/ BW	Mar 22	
	The Quadrant, Ruchill Street				Potential joint development with Lars Housing Trust	Meeting to explore potential JV	AMcA/ BW	Mar 22	
<b>PROGRAMME – PROJECTS REMOVED FROM THE PIPELINE</b>									
RAG	Project	No. Of Homes	Estimate d Start Date	Scheduled Completion Date	Comments	Actions	Who	When	Gateway Stage
	Cottar Street	9			Development proposal received from Developer Glenesk Homes GCC have confirmed that the project is over benchmark and cannot be approved. Surface water connections not available Developer unable to bring project in at benchmark due to high land value.	Chase developer for a response – try to contact owner direct  Consider surface water connection possibilities	AMcA	Mar 22	2
	Maryhill Road/ Craigmont Drive				Site in private ownership – Current owners are promoting the site for drive through restaurant and have applied for planning permission. This includes reopening the road junction at Maryhill road/ Craigmont Drive	Chase owners’ agents once planning has been rejected No change	AMcA	Ongoing	1

# Governance Effectiveness Plan 2021-22

## Quarter 3 Update



### Status Key

	Action is complete
	Action is expected to be completed by the agreed target date
	A minor delay (<3 months) in completing the action is expected
	A significant delay (>3 months) in completing the action is expected

### 1. We lead and direct to achieve good outcomes for customers

No	Action	Lead	Complete By	Comments	Status
a.	Review the arrangements for Board and Committee meetings once covid restrictions are lifted.	Chair / CEO / Perf & Gov Manager	Q3	Corporate Planning event being held as a hybrid meeting on 03/02/22, with the plan of rolling this out for all meetings by end of February.	
b.	Hold a social event for Board members once covid restrictions are lifted.	Chair / Corp Support	TBC	Outdoor walkabout organised which went well. This will be included in Governance Report for November board meeting to see if there is an appetite for arranging another walkaround.  2 <sup>nd</sup> walkaround held and attended by Colin and Lindsay. Consideration to programme for March away day and potential social event following.	

### 2. We are open and accountable, taking account of customer needs and priorities

No	Action	Lead	Complete By	Comments	Status
a.	Develop the use of social media to provide more accessible updates on Board decisions and activities to customers.	Chair / Perf & Gov Manager	Q2 Q3	Following issue of board minutes, P&GM will ensure that any relevant decisions made by board are published via social media as per the Communications Strategy. This will be included in the new social media comms planner.	

No	Action	Lead	Complete By	Comments	Status
b.	Establish a schedule of meetings between the Chair, CEO and RTOs.	Chair / CEO	Q3	In-person RTO meetings were postponed due to the omicron variant. In person RTO meetings will start again from February onwards and the Chair will be invited.	
c.	Review our tenant scrutiny groups to ensure their work fits with our overall governance structure.	CEO / Perf & Gov Manager	TBC	Review of the remit of the Service Improvement Panel to be carried out.	

### 3. We manage our resources to ensure the Association's financial wellbeing, while maintaining affordable rents

No	Action	Lead	Complete By	Comments	Status
a.	Co-opt a Board member with financial expertise and complete their induction.	CEO / Perf & Gov Manager	Q1	Valerie now co-opted.	

### 4. We base our decisions on good quality information and identify and mitigate risks

No	Action	Lead	Complete By	Comments	Status
a.	Keep Board agendas under review to ensure they are manageable and focus on strategic areas over operational ones.	Chair / CEO	Ongoing	This is being discussed as part of each meeting review. The feedback is that agendas are improved. This will be kept under review.	
b.	Keep arrangements for presenting assurance information under review.	Chair / CEO	Ongoing	Once the action plan from the North Star audit has been agreed, the improvements will be implemented.	

### 5. We conduct our affairs with honesty and integrity

No	Action	Lead	Complete By	Comments	Status
a.	Implement agreed changes to the Company Secretary role.	Chair / CEO / Co Sec	Q1	These changes have now been made.	

No	Action	Lead	Complete By	Comments	Status
b.	Review and adopt best practice from SFHA Governance Guidance published in 2021.	Co Sec / Perf & Gov Manager	Q2 Q3	Includes model role descriptions, annual review guidance and succession planning / recruitment guidance. This action has been slightly delayed due to the recruitment of the new Performance & Governance Manager. This action will now be taken forward as part of the recommendations from the Collaborative Governance Review.	
c.	Address recommendations from the Collaborative Governance Review.	Chair / CEO / Co Sec	Q3	This review has been completed and actions were approved at Audit & Risk Committee in November. Actions will be monitored via Audit Tracker.	
d.	Encourage participation and contribution from all Board members during meetings.	Chair / All	Ongoing	This is being discussed as part of each meeting review. Effective questioning training has also recently been provided for new Board members.	

## 6. We have the skills and knowledge needed to be effective

No	Action	Lead	Complete By	Comments	Status
a.	Provide a briefing session on Maryhill Housing's partners and strategic relationships.	CEO	Q1	This session has now taken place.	
b.	Provide a training session on Finance and Audit.	Director of Resources	Q1	This session has now taken place.	
c.	Develop a CEO Performance Management Framework.	Chair / CEO	Q1	This Framework has now been agreed and performance review meetings scheduled for the rest of the year. The first meeting went well.	
d.	Consider the introduction of pre-Board meeting briefing sessions to help address training and development needs.	Chair / CEO / Perf & Gov Manager	Q2 Q4	Training and development needs have been identified during recent board appraisals and will be used to determine if pre-board meeting briefing sessions could be a way of addressing these.	
e.	Provide a training session on Housing Quality & Energy Standards.	CEO / TC Young	Q2	This session is scheduled in August.	

No	Action	Lead	Complete By	Comments	Status
f.	Provide induction for the new Chair in line with the Induction Plan.	CEO / Co Sec / Perf & Gov Manager	Q2	Several training courses have been provided and this will continue as required. Lindsay is also participating in all meetings that Roger is involved with as part of her induction.  Lindsay's induction is complete apart from attending community meetings as per action b above.	
g.	Provide a training session on Regulatory Frameworks and Governance.	CEO / Co Sec	Q3	The regulatory framework was covered in the governance focused away day delivered by North Star in spring 2021. Any further training on the regulatory framework will be provided, if required, following the 2021 board reviews. If required, it would be proposed to deliver this in Q1 2022/23 in advance of reviewing the Association's approach to assurance.	
h.	Address individual training needs identified in Board members' Individual Development Plans.	Perf & Gov Manager	<del>Q3</del> Q4	Training and development needs have been identified during recent board appraisals which will be used to refresh the training needs log. Training will then be scheduled as required.	
i.	Provide learning and development opportunities for Board members holding or interested in office bearer roles.	CEO / Co Sec / Perf & Gov Manager	Q3	Chairing Skills training has been attended along with other office bearer related training provided by SHARE. Paul and Lindsay are also participating in all meetings that Roger is involved with.	
j.	Provide a training session on mid-market rent and the implications relating to different aspects of the Association, including governance.	CEO / Co Sec	<del>Q3</del> Q4	It is proposed to move this to early Q4 in line with mid-market policy coming to the March board for approval. Proposing to deliver a half hour session directly before March board covering both governance and practical differences.	
k.	Implement learning on governance issues arising from membership of the G8 Chairs Group.	Chair / Co Sec / Perf & Gov Manager	Ongoing	No specific learning has been fed back this quarter.	

## 7. We ensure organisational changes safeguard the interests of tenants

No	Action	Lead	Complete By	Comments	Status
a.	Finalise a detailed service agreement between Maryhill Housing and Maryhill Communities Ltd.	Co Sec	Q2 Q1 22/23	The Service Agreement and lease will be available for approval for the May Board.	
b.	Set up new governance arrangements for the Maryhill Communities Ltd subsidiary, including recruitment of new Subsidiary Board members.	Co Sec / Perf & Gov Manager	Q3	Two applicants from the original round of Board recruitment have confirmed they are still interested in joining the MCL Board. Work on governance procedures is underway, following on from the service agreement.	
c.	Consider group structures as part of the next Corporate Planning cycle.	CEO / Co Sec	Q4	To be considered as part of the corporate planning for 2022/23.	

# Delivery Plan 2021/22

## Quarter 3 update



### Status Key

	Action is complete
	Action is expected to be completed by the agreed target date
	A minor delay (<3 months) in completing the action is expected
	A significant delay (>3 months) in completing the action is expected

## 1. Improving customer experience and increasing customer satisfaction

No	Action	Who	When	Comments	Status
<b>1.1 Owning issues, being clear about what customers can expect and following through on commitments</b>					
a	Publish a leaflet about our Anti-Social Behaviour Service to be clearer on what customers can expect.	Head of Neighbourhoods & Communities	<del>June</del> <del>Sep 2021</del> Nov 2021	Legal training completed, CCT Training has had a slight delay. Leaflet has been produced.	
b	Develop an annual landscaping service plan setting out duties to be undertaken for Summer and Winter Programmes.	Neighbourhood Team Leaders	June 2021	Plan now in place and shared with stakeholders.	
c	Publish a leaflet about our two-yearly visits that outlines the reason for the visit and the potential benefits.	Head of Neighbourhoods & Communities	<del>Sept 2021</del> <del>Jan 2022</del> March 2022	Pushed back to allow review to tie in with relaunch with the aim of visits starting April 2022.	
<b>1.2 Giving customers easier and better ways to contact us, e.g., via text / online</b>					
a	Develop a Digital Strategy.	Business Transformation & ICT Manager	<del>Sept 2021</del> <del>Oct 2021</del> Mar 2022	Awaiting confirmation of Remote Working Policy to incorporate this into the Digital Strategy now due in Mar 2022.	
b	Review allocations processes using learning from lockdown and explore opportunities to digitalise parts of the process for the customer.	Head of Neighbourhoods & Communities	<del>Jan 2022</del> Apr 2022	On hold until decision made on choice-based lettings.	

No	Action	Who	When	Comments	Status
c	Promote the My Home customer portal including providing support to help tenants use online services.	Business Transformation & ICT Manager	March 2022	Repairs via My Home are being raised by CCT staff and tenants. Tenants on My Home can raise single repair. The option to raise multiple jobs on one order and common area repairs is hoped to be in place for end of Q4.	
d	Deliver the first year of our Communications Strategy, including increased use of social media.	Performance & Governance Manager	March 2022	All actions within the Communications Strategy have been completed for 2021/22.	
<b>1.3 Ensuring service relaunch after the covid pandemic delivers on the Customer Charter</b>					
a	Fully implement our Customer Charter.	Chief Executive	March 2022	Initially delayed due to covid. Staff training planned and roll out by end of March.	
b	Incorporate questions around satisfaction with services during covid lockdown into our full customer survey, along with a look to how services could potentially change in the future.	Performance & Governance Manager	August 2021	These questions were incorporated into the survey, which is now live. Results will be reported as below.	
<b>1.4 Using data and customer feedback to actively shape our services</b>					
a	Review the Anti-Social Behaviour procedure in line with feedback received from ASB surveys.	Head of Neighbourhoods & Communities	<del>June 2021</del> <del>Aug 2021</del> <del>Nov 2021</del> Feb 2022	ASB procedure reviewed as well as standard letter templates. ASB surveys continue to remain an area of priority to obtain customer feedback.	
b	Develop approaches to identify potential applicants for low demand properties and build demand for those properties.	Head of Neighbourhoods & Communities	<del>Aug 2021</del> <del>Dec 2021</del> Apr 2022	On hold until decision made on choice-based lettings.	
c	Renew our satisfaction figures through a full customer survey to assess the impact that recent improvements have had on our customers' views of the organisation.	Performance & Governance Manager	<del>Aug 2021</del> Dec 2021	The survey is now complete, and we have received the full analysis from the survey company.	
d	Review our scrutiny groups to ensure their purpose is clear and that their work fits with our overall governance structure.	Performance & Governance Manager	<del>Dec 2021</del> March 2022	Review of remit of Service Improvement Panel to be carried out.	

No	Action	Who	When	Comments	Status
e	Provide a guide for improving the data on SDM, to include recording of email addresses, equalities information and communication preferences, and a focus on ensuring existing data is correct.	Performance & Governance Manager	March 2022	This will be picked up in Q4 by the new P&GM.	
<b>1.5 Dealing with enquiries at the first point of contact</b>					
a	Develop and implement an out of hours calls service.	Neighbourhood Team Leaders	<del>Jun 2021</del> <del>Nov 2021</del> Mar 2022	Slight delay in this action, however this will be picked back up. Timescale has been revised this was due to resource issues within the Neighbourhood Team.	
b	Provide comprehensive Customer Advisor training for all frontline operational enquiries.	Customer Services Manager	March 2022	Income management training was completed in Q3 with Factoring Training planned for 2 <sup>nd</sup> March 2022.	

## 2. Reducing poverty and enabling customers to make their lives better

No	Action	Who	When	Comments	Status
<b>2.1 Ensuring our rents remain affordable for current and future generations</b>					
a	Identify options for replacement of the communal heating system at Oran Place to allow customers greater control over their individual heating costs.	Investment Manager	Date detailed in Investment Plan	Full update provided in Investment Programme assurance report.	
b	Consider the heating element of the rent structure.	Director of Resources	<del>Oct 2021</del> Feb 2022	Link in with Head of Property as part of HHR pilot report going to Board Away Day in March 2022.	
c	Progress the Value for Money Strategy, including joint working group meetings, to achieve savings target.	Head of Finance	March 2022	Positive working group meetings are ongoing with a range of potential savings areas identified.	
<b>2.2 Supporting our customers to navigate welfare reform, sustain tenancies, move into employment and reduce rent arrears</b>					
a	Review the Financial Support Service to ensure it continues to meet the objectives set out in team job profiles.	Head of Neighbourhoods & Communities	<del>April 2021</del> Dec 2021	KPIs for service delivery reviewed and implemented.	

No	Action	Who	When	Comments	Status
b	Host targeted anti-poverty campaigns.	Community Regeneration Manager	<del>Oct 2021</del> Feb 2022	Challenge Poverty week was in October – We ran a weeks' worth of social media and website posts and highlighted all Community Regeneration services to staff. Fuel poverty week is Feb 2022 so we will run another campaign then. Maryhill Helps has been launched and over 200 children registered so far. Vouchers will be delivered in December to low-income families with children aged 16 and under.	
<b>2.3 Supporting more of our customers to get online</b>					
a	Provide mobile data devices to tenants with unlimited data and support them to get the most out of smartphones, tablets and internet services.	Community Regeneration Manager	April 2021	All devices now delivered.	
b	Reintroduce the device lending library.	Community Regeneration Manager	TBC	Not reintroducing. No uptake from residents and Covid Restrictions make the process of passing device from household to household safely extremely difficult.	
c	Develop a Digital Inclusion Plan.	Community Regeneration Manager	<del>Oct 2021</del> <del>Nov 2021</del> Feb 2022	First draft has been developed, now awaiting feedback.	
d	Provide smart heating (with internet) to our mini multi properties.	Head of Property	March 2022	Full update provided in Investment Programme assurance report.	
<b>2.4 Supporting our young people to realise their potential and older people to play an active role in society</b>					
a	Create a Youth Panel with the support of YoMo.	Community Regeneration Manager	Jan 2021	Recruitment event was held on 4 <sup>th</sup> and 11 <sup>th</sup> November. Only 1 young person attended so we will be meeting with YoMo to discuss how to increase participation.	

No	Action	Who	When	Comments	Status
<b>2.5 Working with partners to improve our customers' health and wellbeing</b>					
a	Develop a volunteer strategy to create sustainable projects and real work experience that leads to employment.	Community Regeneration Manager	May 2021	Following initial research there is further work to do to consider the benefits for Maryhill Housing. This action will therefore be moved into next year.	
<b>2.6 Working with partners to address crime and anti-social behaviour</b>					
a	Deliver projects from the Community Fund to help support youth divisionary activities.	Community Regeneration Manager	<del>June 2021</del> Aug 2021 Feb 2022	YoMo will assist with this as part of the Youth Panel committee – the young people will decide, with support on how and who to disperse the funding to.	

### 3. Providing better homes and developing neighbourhoods to feel proud of

No	Action	Who	When	Comments	Status
<b>3.1 Improving the energy efficiency of our homes including meeting EESSH2, replacing electric storage heaters and improving tenements</b>					
a	Set out the plan for working towards delivery of the Energy Efficiency Standard for Social Housing (EESH) 2.	Asset Manager	June 2021	Reporting on EESSH2 KPIs now commenced with plan to increase percentage met.	
b	Agree an appropriate heating solution for Glenavon properties, based on data and feedback from pilot properties.	Investment Manager	Feb 2022	Full update provided in Investment Programme assurance report.	
c	Complete the installation programme of air source heat pumps across our mini multis.	Heating Project Manager	March 2022	Full update provided in Investment Programme assurance report.	
d	Identify a technical solution for replacement of electrical storage heaters in low rise properties and procurement for installation.	Investment Manager	March 2022	Full update provided in Investment Programme assurance report.	
<b>3.2 Shaping the regeneration of North Maryhill</b>					
a	Progress the masterplan for the North Maryhill TRA.	Head of Development	<del>Dec 2021</del> Feb 2022	Full details are provided in the Development Assurance report	
<b>3.3 Improving the efficient planning and delivery of our investment programme</b>					
a	Develop additional information for customers relating to works carried out in their home and what can be expected.	Property Manager / Investment Manager	March 2022	First draft of information now with Corporate Officer (Comms & Events) with more information to be added.	

No	Action	Who	When	Comments	Status
<b>3.4 Engaging tenants and owners to improve back courts and communal areas to create positive, usable spaces</b>					
a	Agree a standard specification for back courts and develop a plan to visit, assess and agree priority improvements.	Director of Operations	<del>June 2024</del> <del>Aug 2024</del> Mar 2022	Housing management involvement required. Surveys to begin in Q3.	
b	Develop the Botany Garden.	Community Regeneration Manager	TBC	We still have permission to use this land from GCC but project has been unable to move due to sewerage problems then COVID. Consultation to be carried out to ascertain if this is something local residents would still like the site to be used for.	
<b>3.5 Building new homes that meet housing need</b>					
a	Progress the current projects on our Development Programme.	Head of Development	March 2022	Full details are provided in the Development Assurance report	
<b>3.6 Exploring taking ownership of council-owned land in order to transform the environment around our homes</b>					
a	Conclude the land transfer of retained areas at Shawpark Street and North Maryhill TRA.	Chief Executive	<del>Sept 2024</del> TBC dependent on decision to develop Shawpark Street & success of funding bids for TRA.	This is dependent on the feasibility of the Shawpark Street development scheme. Initial planning comments received but aiming to set up a meeting with the planners. Funding bids for the TRA unsuccessful so no immediate need to progress land transfers.	
b	Explore further transfer of GCC retained areas in order to deliver environmental improvements.	Head of Development	March 2022	Full details are provided in the Development Assurance report	

#### 4. Building a sustainable business

No	Action	Who	When	Comments	Status
<b>4.1 Developing leadership skills and an empowered, professional staff team</b>					
a	Revise the induction process to include new checklists and introduction videos.	HR Manager	<del>April 2021</del> Mar 2022	Induction is an ongoing update but will be concluded by March 2022.	
b	Complete Office 365 (migration).	Business Transformation & ICT Manager	May 2021	Now complete with project evaluation form sent to all staff.	
c	Carry out 1-1 sessions with the Neighbourhood Team to discuss culture and behaviours.	HR Manager	<del>July 2021</del> <del>Oct 2021</del> On Hold	This is being paused as not appropriate right now due to other factors.	
d	Review Investors in People and consider implementing this in 2022/23.	HR Manager	<del>Aug 2021</del> <del>Nov 2021</del>  <del>Dec 2021</del> 2022/23	Feb 2022- complete  Presentation took place with SMT.  This was considered and it will be incorporated for an Employee Engagement framework for 2022-23	
E	Complete the Best Companies survey and create an action plan to respond to all staff feedback received.	HR Manager	<del>Dec 2021</del> 2022/23	Consideration now for IIP for 2022-23	
f	Development and delivery of "90-minute Management Workout" workshops.	HR Manager	March 2022	This will now form the framework for Management Development in line with feedback from Manager's Matrix.	
<b>4.2 Ensuring compliance with all regulatory and legislative requirements</b>					
a	Establish regular meetings and / or joint briefings for local elected members and canal councillors.	Performance & Governance Manager	TBC	Whilst meetings have not resumed yet due to covid restrictions, a template has been created for our written updates to local elected members.	
b	Revise the Factoring Written Statement of Service to meet the upcoming changes in the Factoring Act.	Factoring Manager	<del>May 2021</del> Sept 2021	Approved by Board in September.	

No	Action	Who	When	Comments	Status
c	Complete the Salary Sacrifice Review.	Head of Finance	Sept 2021	Approved by Board in September. FO meeting planned subsequently with HR in November.	
d	Complete the Strathclyde Pension Fund review.	Director of Resources	<del>Oct 2021</del> <del>Jan 2022</del> 2022/23	Work is underway with other RSLs contacted to see if jointly commissioning advice is of interest. Two RSLs are interested and awaiting response from QC about scheduling review. Board report won't now take place until 2022/23.	
e	Launch our subsidiary Maryhill Communities Ltd, with appropriate governance and accounting arrangements established, alongside a suite of operational procedures for mid-market rent units.	Chief Executive	Feb 2022	First subsidiary board meeting for Maryhill Living held in November 2021.	
<b>4.3 Promoting diversity and ensuring we represent and reflect our customers</b>					
a	Deliver ESOL classes.	Community Regeneration Manager	April 2021 & ongoing	Currently being provided online but can revert to face to face when restrictions are lifted and guidance supports it.	
b	Develop an Equality, Diversity and Inclusion Agenda.	HR Manager	<del>June 2021</del> <del>Sept 2021</del> Mar 2022	Working towards investors in Diversity which will include an action plan to help inform our next steps in terms of EDI and will link into the updated EDI strategy/policy next year.  Survey role out in February for IID.	
c	Implement regulatory changes in relation to recording equalities information for our customers.	Performance & Governance Manager	May 2022	Legislative guidance has now been published and new EDI Strategy to be developed by Mary 2022.	
<b>4.4 Growing our in-house knowledge and services offer</b>					
a	Complete the bulk uplift pilot and provide meaningful feedback to enable a decision to be made on the future of the service.	Neighbourhood Team Leaders	June 2021	The pilot is now complete, and Board took the decision to extend this service at their meeting in June.	
b	Implement a pilot of in-house void clearance and cleaning service in the multi storey stock.	Neighbourhood Team Leaders	<del>Sept 2021</del> Nov 2021	This project will now form part of our new TDP for 22/23	

No	Action	Who	When	Comments	Status
<b>4.5 Making our contribution to zero carbon and the wider green agenda</b>					
a	Develop a Sustainability Strategy.	Director of Resources	<del>Nov 2021</del> <del>Jan 2022</del> 2022/23	Workshop session with staff and Board September 2021. Sustainability principles approved by Board in January 2022. Strategy will now be taken forward once sustainability consultant procured.	
<b>4.6 Assessing the Association's aspirations for growth</b>					
a	Progress the Acquisition and Stock Rationalisation project.	Director of Resources	<del>Sept 2021</del> <del>Nov 2021</del> March 2022	Principles of new policy approved at November Board. New Policy to come to March 2022 Board.	
b	Progress the feasibility studies on our Development Programme.	Head of Development	March 2022	Full details are provided in the Development Assurance report	

**Key**

	Compliant
	Complaint (with non-material areas for improvement)
	Working towards compliance
	Not compliant

**Scottish Social Housing Charter**

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
1.	<p><b>Equalities</b></p> <p>Social landlords perform all aspects of their housing services so that every tenant and other customer has their individual needs recognised, is treated fairly and with respect, and receives fair access to housing and housing services.</p> <p>This outcome describes what social landlords, by complying with equalities legislation, should achieve for all tenants and other customers regardless of age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, or sexual orientation. It includes landlords' responsibility for finding ways of understanding the rights and needs of different customers and delivering services that recognise and meet these.</p>	<p>Equality and Diversity Strategy in Place. Detailed self-assessment in 2017 and 2019 and improvement from 'developing' E and D approach to 'achieving'.</p> <p>Range of improvements delivered including training for all staff on E and D responsibilities and cultural awareness and proactive links made with specific community advocacy organisations, such as Maryhill Integration Network.</p> <p>New Corporate Value to 'celebrate diversity'.</p> <p>Consideration of changes in customer demographic as part of Corporate Planning process.</p> <p>Not yet collecting full protected characteristic information to shape services around customers' needs.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Equality and Diversity Strategy</li> <li>▪ 2<sup>nd</sup> – 2019 - 2022 Corporate Plan.</li> </ul>	<p>Delivery of Equality and Diversity Action Plan. Aiming to be 'excelling' in equality and diversity over the next three years. (<i>Equality and Diversity Action Plan</i>)</p>	

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
2.	<p><b>Communication</b></p> <p>Social landlords manage their businesses so that tenants and other customers find it easy to communicate with their landlord and get the information they need about their landlord, how and why it makes decisions and the services it provides.</p> <p>This outcome covers all aspects of landlords' communication with tenants and other customers. This could include making use of new technologies such as web-based tenancy management systems and smart-phone applications. It is not just about how clearly and effectively a landlord gives information to those who want it. It also covers making it easy for tenants and other customers to make complaints and provide feedback on services, using that information to improve services and performance, and letting people know what they have done in response to complaints and feedback. It does not require landlords to provide legally protected, personal or commercial information.</p>	<p>Customer satisfaction with being kept informed reduced in 2022 and is lower than peers.</p> <p>Theme in customer satisfaction survey and complaints around not keeping customers up to date.</p> <p>Range of communication channels used including:</p> <ul style="list-style-type: none"> <li>- Website</li> <li>- Text</li> <li>- Email</li> <li>- Newsletter</li> <li>- Social media channels</li> <li>- Residents' associations</li> <li>- Customer portal</li> </ul> <p>Complaints information held in leaflet form and on website.</p> <p>Learning from complaints forms in place for staff and learning from complaints group in place. 'You Said, We Did' section in all newsletters and now in new report for all Assurance Board meetings.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – website</li> <li>▪ 1<sup>st</sup> – social media channels</li> <li>▪ 1<sup>st</sup> - newsletters</li> <li>▪ 1<sup>st</sup> – Complaints procedures and forms</li> <li>▪ 2<sup>nd</sup> – Complaints &amp; Other Customer Feedback assurance report</li> <li>▪ 3<sup>rd</sup> – Service Improvement Panel review of customer contact during 2019/20.</li> <li>▪ 3<sup>rd</sup> – External customer satisfaction survey</li> </ul>	<p>Development of new Customer Charter setting out expectations around contact with the Association by <del>March 2020</del> <del>December 2020</del>, to be rolled out by March 2022 (<i>Delivery Plan</i>)</p> <p>Developing new Corporate Plan in response to 2021 Customer Satisfaction Survey by March 2022 (<i>Delivery Plan</i>)</p>	

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
3.	<p><b>Participation</b></p> <p>Social landlords manage their businesses so that tenants and other customers find it easy to participate in and influence their landlord’s decisions at a level they feel comfortable with.</p> <p>This outcome describes what landlords should achieve by meeting their statutory duties on tenant participation. It covers how social landlords gather and take account of the views and priorities of their tenants, other customers, and bodies representing them such as registered tenant organisations; how they shape their services to reflect these views; and how they help tenants, other customers and bodies representing them such as registered tenant organisations to become more capable of involvement – this could include supporting them to scrutinise landlord services.</p>	<p>Customer satisfaction with participation in decision making reduced in 2022 and is lower than peers.</p> <p>Customer engagement strategy in place setting out key priorities.</p> <p>Moving to more digital forms of communication which has been more successful, e.g. over 500 responses to our rent consultation survey this year.</p> <p>Seek transactional feedback on repairs, anti-social behaviour, investment works and new tenant feedback.</p> <p>Support nine registered tenants’ organisations.</p> <p>Support service improvement (scrutiny) panel to review services in detail and clearly link this into governance framework.</p> <p>Annual report produced in video form since 2019.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Customer Engagement Strategy</li> <li>▪ 1<sup>st</sup> - Service Improvement Panel Governance paper to Board</li> <li>▪ 2<sup>nd</sup> – Assurance Board report, complaints and customer feedback</li> <li>▪ 3<sup>rd</sup> – External customer satisfaction survey</li> </ul>		

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.	<p><b>Quality of housing</b></p> <p>Social landlords manage their businesses so that tenants' homes, as a minimum, meet the Scottish Housing Quality Standard (SHQS) when they are allocated; are always clean, tidy and in a good state of repair; and also meet the Energy Efficiency Standard for Social Housing (EESH) by December 2020.</p> <p>This standard describes what landlords should be achieving in all their properties. It covers all properties that social landlords let, unless a particular property does not have to meet part of the standard.</p> <p>If, for social or technical reasons, landlords cannot meet any part of these standards, they should regularly review the situation and ensure they make improvements as soon as possible.</p>	<p>Customer satisfaction with quality of the home reduced in 2022 and is lower than peers.</p> <p>Specific concerns raised around fuel poverty and the estate environment.</p> <p>Not SHQS compliant in 2019 and not projected to be EESH compliant by 2020 due to high numbers of electrically heated properties. However, good progress being made towards EESH compliance and now 96% complaint.</p> <p>New Corporate Plan clear focus on improving energy efficiency and common areas. Resources in place to replace all electric storage heaters over a four year period. This may need to be extended due to covid-impact. Funding secured to deliver in over 300 properties from 2021/2022.</p> <p>Resources in place to improve foyers, communal areas and some back courts over the next four years.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Corporate Business Plan including financial plans and projections.</li> <li>▪ 1<sup>st</sup> – 2019/20 Investment Plans</li> <li>▪ 2<sup>nd</sup> – 2018/19 ARC</li> </ul>	<p>Delivery of 2021/22 Investment Programme</p>	

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
5.	<p><b>Repairs, maintenance &amp; improvements</b></p> <p>Social landlords manage their businesses so that tenants' homes are well maintained, with repairs and improvements carried out when required, and tenants are given reasonable choices about when work is done.</p> <p>This outcome describes how landlords should meet their statutory duties on repairs and provide repairs, maintenance and improvement services that safeguard the value of their assets and take account of the wishes and preferences of their tenants. This could include setting repair priorities and timescales; setting repair standards such as getting repairs done right, on time, first time; and assessing tenant satisfaction with the quality of the services they receive.</p>	<p>Customer satisfaction with quality of the repairs service has improved so far in 2021/22 compared to 2020/21 but is lower than peers.</p> <p>Repairs Policy updated in March 2021.</p> <p>Repairs timeframes: performance exceeds benchmarks for emergency and routine repairs.</p> <p>Repairs right first time: performance improved in 2021/22 and is in line with peers.</p> <p>High levels of customer satisfaction with improvement works.</p> <p>Refocused Property Team during 2019 to introduce patch-based Property Officers.</p> <p>New repairs contract from April 2021 onwards.</p>	<ul style="list-style-type: none"> <li>▪ 3<sup>rd</sup> – repairs and investment works customer satisfaction</li> <li>▪ 2<sup>nd</sup> – strategic performance indicators</li> <li>▪ 1<sup>st</sup> – repairs and maintenance policy</li> </ul>		

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.	<p><b>Estate management, anti-social behaviour, neighbour nuisance &amp; tenancy disputes</b></p> <p>Social landlords, working in partnership with other agencies, help to ensure as far as reasonably possible that tenants and other customers live in well-maintained neighbourhoods where they feel safe.</p> <p>This outcome covers a range of actions that social landlords can take on their own and in partnership with others. It covers action to enforce tenancy conditions on estate management and neighbour nuisance, to resolve neighbour disputes, and to arrange or provide tenancy support where this is needed. It also covers the role of landlords in working with others to tackle anti-social behaviour.</p>	<p>Customer satisfaction with quality of the neighbourhood reduced during 2018 and is lower than peers.</p> <p>New in-house landscaping service introduced for approximately 1/3 of the stock in 2017 with positive results.</p> <p>New landscape maintenance and close cleaning contracts introduced in 2017 and 2018 following consultation with tenants.</p> <p>Landscaping service externally post-inspected</p> <p>Estate Management Policy in place and updated in 2020 setting out standards customers can expect.</p> <p>Anti-social behaviour policy sets out standards customers can expect. New anti-social behaviour strategy approved October 2019 and processes developed.</p> <p>Good performance on resolution of ASB issues – better than peers in 2020/21.</p> <p>New project in place to replace GCC bulk uplift service.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Estate Management Policy</li> <li>▪ 1<sup>st</sup> – Anti-social behaviour policy</li> <li>▪ 2<sup>nd</sup> ASB strategy</li> <li>▪ 2<sup>nd</sup> – ASB key performance indicators</li> <li>▪ 3<sup>rd</sup> – External post inspection of landscaping service</li> </ul>	<p>Commencement of working group to consider expansion of in-house services by <del>January 2020</del> TBC (dependent on outcome of in-house services special Board session <del>November 2024</del> February 2022) (<i>Delivery Plan</i>)</p> <p>Further review of ASB processes captured in Team Delivery Plan due to be completed at the end of the year.</p>	

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
7. 8. 9.	<p><b>Housing options</b></p> <p>Social landlords work together to ensure that people looking for housing get information that helps them make informed choices and decisions about the range of housing options available to them, and that tenants and people on housing lists can review their housing options.</p> <p>Social landlords ensure that people at risk of losing their homes get advice on preventing homelessness.</p> <p>These outcomes cover landlords' duties to provide information to people looking for housing and advice for those at risk of becoming homeless. This could include providing housing 'health checks' for tenants and people on housing lists to help them review their options to move within the social housing sector or to another sector.</p>	<p>Provide Housing Options interviews with aim of reducing and preventing homelessness.</p> <p>Participation in Glasgow Housing Register project to improve accessibility of housing.</p> <p>Bi-annual visits to all tenants introduced in 2018 which will include high level housing options discussion. Currently on hold due to covid-19 pandemic.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Allocations Policy</li> </ul>	<p>Exploring moving to choice based lettings system once new Head of Neighbourhoods and Communities joins Maryhill by <del>November 2021</del> March 2022 (<i>Delivery Plan</i>).</p>	

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
10.	<p><b>Access to social housing</b></p> <p>Social landlords ensure that people looking for housing find it easy to apply for the widest choice of social housing available and get the information they need on how the landlord allocates homes and on their prospects of being housed.</p> <p>This outcome covers what social landlords can do to make it easy for people to apply for the widest choice of social housing that is available and suitable and that meets their needs. It includes actions that social landlords can take on their own and in partnership with others, for example through Common Housing Registers or mutual exchange schemes, or through local information and advice schemes.</p>	<p>Housing Options Interviews for all new applicants including advice around prevention of homelessness.</p> <p>New Development Policy approved in 2018 focusing new build on meeting housing need identified in 2017 housing needs and demand study.</p> <p>Participation in Glasgow Housing Register project to improve accessibility of housing.</p> <p>Clear Allocations Policy fully reviewed in 2018 in response to 2014 Housing Act and to add affordability as a dimension of housing need.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Allocations Policy</li> <li>▪ 1<sup>st</sup> – New Build Policy</li> <li>▪ 3<sup>rd</sup> – Housing needs and demand study</li> </ul>	<p>Exploring moving to choice based lettings system by <del>November 2024</del> March 2022 (<i>Delivery Plan</i>).</p>	

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
11.	<p><b>Tenancy sustainment</b></p> <p>Social landlords ensure that tenants get the information they need on how to obtain support to remain in their home; and ensure suitable support is available, including services provided directly by the landlord and by other organisations.</p> <p>This outcome covers how landlords on their own, or in partnership with others, can help tenants who may need support to maintain their tenancy. This includes tenants who may be at risk of falling into arrears with their rent, and tenants who may need their home adapted to cope with age, disability, or caring responsibilities.</p>	<p>Rent arrears policy focused on prevention</p> <p>Referral pathways in place to a range of third sector support providers</p> <p>Financial support team mainstream funded by the Association</p> <p>Tenancy sustainment slightly lower than peers</p> <p>Resources allocated to deliver adaptations where required and improved process introduced in 2019 for adaptations decisions</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – rent arrears policy</li> <li>▪ 3<sup>rd</sup> – universal credit internal audit during 2019/20</li> <li>▪ 1<sup>st</sup> – adaptations policy</li> </ul>		

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
13.	<p><b>Value for money</b></p> <p>Social landlords manage all aspects of their businesses so that tenants, owners and other customers receive services that provide continually improving value for the rent and other charges they pay.</p> <p>This standard covers the efficient and effective management of services. It includes minimising the time houses are empty; managing arrears and all resources effectively; controlling costs; getting value out of contracts; giving better value for money by increasing the quality of services with minimum extra cost to tenants, owners and other customers; and involving tenants and other customers in monitoring and reviewing how landlords give value for money.</p>	<p>Void turnaround performance has been significantly impacted by covid-19. No data yet on whether Maryhill performed more poorly than peers.</p> <p>Rent arrears performance improved in 2020/21 despite the pandemic.</p> <p>Competitively procured contracts in place for all key services.</p> <p>Savings target of £750k over seven years exceeded ahead of time and new target of further £500k set to be achieved by 2024/25.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Corporate Business Plan and long term financial plans.</li> <li>▪ 2<sup>nd</sup> – Strategic key performance indicators</li> <li>▪ 2<sup>nd</sup> - Annual Procurement Strategy</li> <li>▪ 1<sup>st</sup> – Procurement Policy</li> </ul>		

	Charter Outcome	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions
14. 15.	<p><b>Rents and service charges</b></p> <p>Social landlords set rents and service charges in consultation with their tenants and other customers so that a balance is struck between the level of services provided, the cost of the services, and how far current and prospective tenants and service users can afford them. Tenants get clear information on how rent and other money is spent, including details of any individual items of expenditure above thresholds agreed between landlords and tenants.</p> <p>These outcomes reflect a landlord’s legal duty to consult tenants about rent setting; the importance of taking account of what current and prospective tenants and other customers are likely to be able to afford; and the importance that many tenants place on being able to find out how their money is spent. Each landlord must decide, in discussion with tenants and other customers, whether to publish information about expenditure above a particular level, and in what form and detail. What matters is that discussions take place and the decisions made reflect the views of tenants and other customers.</p>	<p>Rent levels broadly in line with the national average but 7 – 9% lower than peer landlords in Glasgow.</p> <p>Rents freeze in April 2021. Rents projected to increase by a flat CPI only increase from 2022 onwards. 3.6% increase in April 2022.</p> <p>Customer satisfaction that rent provides value for money reduced in 2018 and is lower than peers. However rent restructure delivered over previous three years to ensure rents fairer and easier to understand.</p> <p>Extensive customer consultation on rent options carried out in 2020 in line with Regulatory best practice. Over 500 tenants responded to the rent survey in 2021 and over 55% were in support of the proposed rent increase.</p> <p>Consultation with customers around changes to rent for internet and more efficient heating systems completed in August 2019 with responses from over 50% of customers and in May 2020 with responses received from over 20% of customers.</p> <p>Publication schedule in place publishing transparent financial information.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Board papers on 2019 and 2020 rent consultations</li> <li>▪ 2<sup>nd</sup> – Corporate Business Plan and long term financial plans</li> <li>▪ 3<sup>rd</sup> – externally delivered customer satisfaction survey</li> <li>▪ 1<sup>st</sup>- rent structure</li> </ul>	

## Regulatory Standards

### Standard 1

The governing body leads and directs the RSL to achieve good outcomes for its tenants and other service users.

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
1.1	The governing body sets the RSL's strategic direction. It agrees and oversees the organisation's business plan to achieve its purpose and intended outcomes for its tenants and other service users.	<p>There are 2/3 Board Away Days per year that enable strategic discussions, including a financial business planning workshop in the spring. These days cover a range of 'where are we now' information including customer feedback, risk review, KPI performance, and budget performance. This also covers consideration of external factors through SWOT and PESTLE analyses.</p> <p>The financial business planning workshop in the spring gives Board opportunity to consider medium term and long term financial scenarios.</p> <p>The draft Corporate Business Plan is then produced, then the final Business Plan presented to Board for approval.</p> <p>Draft priorities are shared with RTOs for comment.</p> <p>The three year Corporate Plan is translated into an annual Delivery Plan, KPIs, and budgets. All of these are reported quarterly to Assurance Boards.</p> <p>2020 internal audit in business planning returned strong result</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – away day agendas, slides and notes</li> <li>▪ 2<sup>nd</sup> - Standing Orders and Scheme of Delegation approved by Board</li> <li>▪ 2<sup>nd</sup> - Corporate Business Plan and appendices including risk assessment, annual delivery plan, and annual KPIs approved by Board</li> </ul>		

1.2	<p>The RSL's governance policies and arrangements set out the respective roles, responsibilities and accountabilities of governing body members and senior officers, and the governing body exercises overall responsibility and control of the strategic leadership of the RSL.</p>	<p>This is set out in broad terms in the Standing Orders and Scheme of Delegation.</p> <p>Up to date job descriptions for the Chief Exec, Directors and Performance &amp; Governance Manager are in place. Role descriptions are also in place for Board Members, the Chair and Vice Chair. These are shared during induction so expectations are clear. Exec JDs are reviewed annually as part of appraisals. Non-exec JDs are reviewed every three years as per the Policy Schedule.</p> <p>Board reviews are carried out annually and a new Governance Effectiveness Plan approved annually, with progress reported quarterly Assurance Boards.</p> <p>Board Away Days in May 2019 and December 2020 focus on Code of Conduct and the role of the Board.</p> <p>Consideration of appropriateness of reports and information to Board is completed annually as part of Board review process. Exec team participates in the Board review process.</p> <p>Board and Committee structure fully reviewed in 2018/19 and a new streamlined structure introduced included quarterly Assurance Boards to ensure the right information is considered in the right place.</p> <p>External programme of Board development support being delivered in 2020/2021.</p> <p>Company Secretary role moved from CEO to Director of Resources in 2021 following recommendation from external review.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - role descriptions for senior officers, Board Members and officer bearers</li> <li>▪ 1<sup>st</sup> – papers from Board Away Day</li> <li>▪ 2<sup>nd</sup> - Scheme of Delegation and Standing Orders approved by Board</li> <li>▪ 2<sup>nd</sup> - investigations following breaches in Code of Conduct presented to Board for decision</li> </ul>		
1.3	<p>The governing body ensures the RSL complies</p>	<p>Our Rules are based on the SFHA model rules and were updated during 2020. Any deviations from the</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Board report templates</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
	<p>with its constitution and its legal obligations. Its constitution adheres to these Standards and the constitutional requirements set out below.</p>	<p>rules comply with the constitutional standards. This was confirmed with external legal advice. These include provision for emergency decisions outside of meetings via email – this is then minuted at the next meeting.</p> <p>There is a section in all Board reports to consider legal/regulatory issues, including reference to the Rules and notifiable events.</p> <p>External legal advice is taken as appropriate, e.g. around bringing the dormant subsidiary back into use.</p> <p>The Standing Orders were fully reviewed and re-written in 2018/19 and updated in 2020.</p> <p>A clear Scheme of Delegation is in place and includes reference to notifiable events and notification to other key bodies such as funders.</p> <p>Organisational details are kept up to date on the Landlord Portal. This is managed by the Performance and Governance Manager.</p> <p>Regulatory updates are a standing agenda item at monthly senior management team meetings.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Governance Excellence Plan and Board Learning &amp; Development Plan</li> <li>▪ 2<sup>nd</sup> – Scheme of Delegation approved by Board</li> <li>▪ 3<sup>rd</sup> – Rules approved by Regulator and FCA</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
1.4	All governing body members accept collective responsibility for their decisions.	<p>Collective responsibility is highlighted in Board Member induction.</p> <p>Board minutes reflect the discussions that take place and are available on the website. Disagreements at Board are settled by votes and this is recorded in the minutes.</p> <p><a href="https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/">https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/</a></p> <p>The annual Governance Effectiveness process includes a self-assessment on collective decision making.</p> <p>Board Away Days in May 2019 and December 2020 focused on Code of Conduct and the role of the Board.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Board minutes including those on the Maryhill Housing website</li> <li>▪ 1<sup>st</sup> - Board Member induction programme</li> <li>▪ 1<sup>st</sup> – papers from Board Away Day</li> <li>▪ 2<sup>nd</sup> – Board Member Code of Conduct signed annually by all Board Members</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
1.5	<p>All governing body members and senior officers understand their respective roles, and working relationships are constructive, professional and effective.</p>	<p>Meetings are chaired effectively to ensure purpose of reports and decisions required from Board members are clear. Board, senior officer and officer bearer role descriptions are in place.</p> <p>Effective Board member induction programme that has been checked against the GWSF guidance and other best practice is in place. This includes the Code of Conduct and worked examples of the role of the Board, and involves a meeting with the Chair. A 6 month review is carried out to ensure the effectiveness of the induction process.</p> <p>The annual Board review process explicitly asks a question around constructive relationships between Board members and senior staff.</p> <p>During 2019 both Board and senior staff had training/away days which focused on constructive relationships between Board members and senior staff. Actions came out of this which were incorporated into the Board Effectiveness Plans for 2019/20 and 2020/21.</p> <p>A process is in place to appraise the Senior Officer’s performance in line with the CEO Performance Management Framework. The outcome of this is reported to the Board.</p> <p>An external Board development consultant was appointed for 2020/21.</p> <p>Private Board review discussion is held after each Board meeting.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - role descriptions for senior officers, Board Members and officer bearers</li> <li>▪ 1<sup>st</sup> – CEO Performance Management Framework</li> <li>▪ 1<sup>st</sup> - Board member induction programme</li> <li>▪ 2<sup>nd</sup> - Board member review process</li> <li>▪ 3<sup>rd</sup> – External Board member review every three years</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
1.6	<p>Each governing body member always acts in the best interests of the RSL and its tenants and service users, and does not place any personal or other interest ahead of their primary duty to the RSL.</p>	<p>An effective Board Member induction programme is in place that includes the Code of Conduct and Declarations of Interest. All Board Members also sign these documents every year following the AGM.</p> <p>All Board reports include links to the Strategic or annual plans.</p> <p>A Register of interest is held and checked before every Board meeting by the Performance and Governance Manager and reported to the Audit and Risk Committee quarterly.</p> <p>Board Members are elected onto the Board at annual AGMs. Candidates are invited to describe why they want to join the Governing Board and this background information is included in the documentation.</p> <p>Board Away Days in May 2019 and December 2020 focused on Code of Conduct, different types of interest and the role of the Board.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Board Member files with signed documents</li> <li>▪ 1<sup>st</sup> – Board recruitment process</li> <li>▪ 1<sup>st</sup> - Board member induction programme</li> <li>▪ 1<sup>st</sup> – papers from Board Away Day</li> <li>▪ 2<sup>nd</sup> – Board Member Code of Conduct and Declarations of Interest signed annually by all Board Members</li> <li>▪ 2<sup>nd</sup> - Board member review process</li> <li>▪ 3<sup>rd</sup> – External Board member review every three years</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
1.7	The RSL maintains its independence by conducting its affairs without control, undue reference to or influence by any other body (unless it is constituted as the subsidiary of another body).	<p>Responsibilities to declare interests set out in staff and Board Member Code of Conduct.</p> <p>There is an opportunity to declare interests at the start of every Board and Committee meeting, this is also checked by the Performance and Governance Manager and included in the note to chair. Conflicts are managed appropriately.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Governance Effectiveness Plan</li> <li>▪ 1<sup>st</sup> – Board Member files with signed documents</li> <li>▪ 1<sup>st</sup> - Board member induction programme</li> <li>▪ 1<sup>st</sup> – Employee Code of Conduct</li> <li>▪ 2<sup>nd</sup> – Board Member Code of Conduct and Declarations of Interest signed annually by all Board Members</li> </ul>		

## Standard 2

The RSL is open about and accountable for what it does. It understands and takes account of the needs and priorities of its tenants, service users and stakeholders. And its primary focus is the sustainable achievement of these priorities.

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
2.1	<p>The RSL gives tenants, service users and other stakeholders information that meets their needs about the RSL, its services, its performance and its future plans.</p>	<p>Information for customers and other stakeholders is published on our accessible website, on social media, in our newsletters (3 per year), and in our Annual Review. We also have a new online portal for customers – My Home. We currently have approximately 850 users.</p> <p>Information is also given to new tenants when they move into their property, explaining about our services and what they can expect.</p> <p>Recent improvements have been made to the information we publish about our Investment Programme, following a review by our scrutiny panel.</p> <p>We have a Customer Engagement Strategy and Communication Strategy that set out how we will engage and communicate with all stakeholders.</p> <p>We have a toolkit for staff about how to communicate with customers who cannot speak or read English. Interpretation and translation is provided.</p> <p>Website reviewed to ensure FOI compliance and a range of information published in line with Information Commissioner/Scottish Federation of Housing Associations guidance</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Maryhill Housing website and social media</li> <li>▪ 1<sup>st</sup> – My Home portal</li> <li>▪ 1<sup>st</sup> – newsletters</li> <li>▪ 1<sup>st</sup> – Annual Review</li> <li>▪ 1<sup>st</sup> – Tenant Handbook</li> <li>▪ 2<sup>nd</sup> – Customer Engagement Strategy approved by Board</li> <li>▪ 2<sup>nd</sup> – Communication Strategy approved by Board</li> </ul>	<p>Review how we capture and record customers' preferred communication method / communication needs, by August 2022 <del>March 2024</del> <del>March 2020</del> (Corporate Team Delivery Plan).</p>	

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
2.2	<p>The governing body recognises it is accountable to its tenants, and has a wider public accountability to the taxpayer as a recipient of public funds, and actively manages its accountabilities.</p>	<p>Our website and social media profiles are used for wider public accountability, as we have an important role in our local community that goes beyond our standard housing and factoring services. The website includes electronic copies of our newsletters, Annual Review and annual statutory accounts.</p> <p>Our newsletter includes ‘you said, we did’ reporting on our complaints and other feedback.</p> <p>A working group of customers helped to develop our Annual Report on the Charter (pre-covid).</p> <p>We hold consultation events for our new developments in the area and these are open to the public.</p> <p>We regularly hold events in the local community, such as our Christmas and Halloween events, and these are promoted to the wider public through posters in local shops and schools (these will resume when covid restrictions are fully lifted).</p> <p>We produced a publication framework as part of our Freedom of Information implementation. This includes publication of Board papers.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Maryhill Housing website and social media</li> <li>▪ 1<sup>st</sup> – newsletters</li> <li>▪ 1<sup>st</sup> – Annual Review</li> <li>▪ 1<sup>st</sup> – consultation and other events</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
2.3	The governing body is open and transparent about what it does, publishes information about its activities and, wherever possible, agrees to requests for information about the work of the governing body and the RSL.	<p>We publish a range of information on our website, including the minutes from our Board meetings.  <a href="https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/">https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/</a></p> <p>When additional information is requested from customers or other stakeholders we always try to be as open as possible and provide this for them.</p> <p>Guide to Information in place and Publication Scheme produced in line with best practice from SFHA.</p> <p>Processes introduced and team training completed on Freedom of Information.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Maryhill Housing website</li> <li>▪ 1<sup>st</sup> – record of Subject Access Requests</li> <li>▪ 1<sup>st</sup> – Freedom of Information Implementation Plan</li> <li>▪ 2<sup>nd</sup> – GDPR Policy approved by Board, with a range of supporting procedures</li> <li>▪ 3<sup>rd</sup> – 2019/20 FOI preparedness audit</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
2.4	<p>The RSL seeks out the needs, priorities, views and aspirations of tenants, service users and stakeholders. The governing body takes account of this information in its strategies, plans and decisions.</p>	<p>We carry out a full customer survey at least once every 3 years. This includes the statutory Charter questions as well as a range of other questions specific to our services and objectives.</p> <p>In support of the full survey, we also carry out smaller service-based surveys. These cover areas such as repairs, anti-social behaviour investment &amp; maintenance, and new tenancies. The results of these surveys are presented back to the Board quarterly and reviewed in more detail during an away day. Improvement actions are agreed to address any areas of dissatisfaction.</p> <p>We received over 600 responses to our 2020 rent consultation with over 60% of respondents in favour of rent increase proposals.</p> <p>We have a scrutiny group, the Service Improvement Panel, and work with 8 RTOs. Board Members attend consultation events with these groups, such as around the new Customer Charter.</p> <p>We have a Customer Engagement Strategy which sets out how customer influence decisions. We introduced a new approach to involving customers in 2019 which included digital feedback. The organisation's Stakeholder Map is contained within the Communications Strategy and stakeholders are actively engaged with.</p> <p>Training has been delivered for Board Members in 2021 explaining strategic and local stakeholders and partners.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – online, text and paper surveys, including annual Rent Consultation</li> <li>▪ 1<sup>st</sup> – survey results and action plans</li> <li>▪ 1<sup>st</sup> – Service Improvement Panel minutes and reports</li> <li>▪ 2<sup>nd</sup> – Board Away Day slides and notes, reviewing customer satisfaction results and agreeing priorities</li> <li>▪ 2<sup>nd</sup> – Customer Engagement Strategy approved by Board</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
2.5	<p>The RSL is open, co-operative, and engages effectively with all its regulators and funders, notifying them of anything that may affect its ability to fulfil its obligations. It informs the Scottish Housing Regulator about any significant events such as a major issue, event or change as set out and required in notifiable events guidance.</p>	<p>We have a positive relationship with our Regulation Plan Manager at the Scottish Housing Regulator, and often discuss issues or keep them informed. We also have a robust notifiable events process, to ensure that we notify the Regulator formally of any incidents that meet the set criteria. The Scheme of Delegation sets out who is responsible for reporting notifiable events and a register is held.</p> <p>We also have a good working relationship with the SPSO and ICO, and staff are clear when to raise relevant issues with Corporate Support.</p> <p>Any notifiable events are reported to Board in the Governance Report at each meeting, or beforehand via email if required.</p> <p>Covenant compliance is reported to the Board quarterly and the relationship with key partners is actively managed at a senior level, e.g. six monthly liaison meetings with funders.</p> <p>A governance calendar is in place and used to develop Board and Committee agendas.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Notifiable Events process and records</li> <li>▪ 1<sup>st</sup> – Governance Calendar</li> <li>▪ 2<sup>nd</sup> – CEO Reports to Board</li> <li>▪ 3<sup>rd</sup> - Internal and External Audit Reports</li> </ul>		

### Standard 3

The RSL manages its resources to ensure its financial well-being, while maintaining rents at a level that tenants can afford to pay.

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
3.1	<p>The RSL has effective financial and treasury management controls and procedures, to achieve the right balance between costs and outcomes, and control costs effectively. The RSL ensures security of assets, the proper use of public and private funds, and access to sufficient liquidity at all times.</p>	<p>Board approve budget, medium term financial plans and long term financial plans annually as part of Business Planning cycle. Board have the opportunity to comment on draft before budget is finalised.</p> <p>Corporate Business planning process includes feedback from customers and prioritisation of resources in response to this – e.g. in 2018 feedback in customer satisfaction survey around cost of heating – resources allocated to replacing electric heating systems.</p> <p>Rents approved annually by the Board and in 2018 options given to tenants. Robust rent setting process in line with Regulator’s thematic enquiry. Rent affordability tested in a variety of ways. Rent affordability included as a key section in the Corporate Plan.</p> <p>Costs are externally benchmarked and anomalies have been investigated and addressed – e.g. high reactive repairs spend.</p> <p>Performance against budget is monitored monthly by senior management team and reported in detail to the Audit and Risk Committee quarterly and at Assurance Boards.</p> <p>Treasury management policy is in place and reviewed annually by an external advisor that reports directly to the Board.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Corporate Business Plan</li> <li>▪ 2<sup>nd</sup> - Board away day presentations and notes</li> <li>▪ 2<sup>nd</sup> - Value for money strategy</li> <li>▪ 1<sup>st</sup> - Treasury management policy</li> <li>▪ 1<sup>st</sup> - Annual report</li> <li>▪ 1<sup>st</sup> - Scheme of delegation</li> <li>▪ 3<sup>rd</sup> - Internal audit plan and reports</li> <li>▪ 3<sup>rd</sup> - External audit reports</li> <li>▪ 3<sup>rd</sup> - HouseMark cost benchmarking report</li> <li>▪ 3<sup>rd</sup> - External audit management letter</li> </ul>	<p>Commission detailed specialist review of voids management by March 2022</p>	

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
		<p>Treasury Management Strategy in June 2020.</p> <p>Covenant compliance is assessed and projected quarterly.</p> <p>Corporate business planning clearly assesses covenant compliance.</p> <p>Key business plan long term financial assumptions were tested externally during 2018 and amendments made – e.g. bad debt provision increased.</p> <p>Value for money strategy in place and reviewed annually as part of business planning process. Current programme of savings - £300k over three years.</p> <p>Annual report includes information on where money is spent and rent affordability.</p> <p>3 year internal audit plan prepared annually with input from Audit committee and senior staff. Regulator’s key business planning risks considered in internal audit plan. Progress against audit actions reported quarterly to Audit and Risk Committee.</p> <p>Scheme of delegation was reviewed in 2018/19 and 2020 and new authorisation levels introduced to support efficient financial management.</p> <p>All Board reports include a section on financial implications and value for money.</p> <p>Significant overspend is projected in the voids works budget for 2021/2022.</p>			

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
3.2	<p>The governing body fully understands the implications of the treasury management strategy it adopts, ensures this is in the best interests of the RSL and that it understands the associated risks.</p>	<p>Treasury management policy previously approved every three years by Audit and Risk committee – from 2019 approved by Board. The Policy takes account of the CIPFA code on Treasury Management.</p> <p>Effectiveness of Treasury Management tested annually by external advisors reporting to Board/Committee.</p> <p>Specialist Treasury Management advice externally procured as required, e.g. 2018 Treasury Management Review. This included training on Treasury Management to the Board.</p> <p>Treasury Management decisions included in Scheme of Delegation.</p> <p>Treasury Management included in the Association’s strategic risk register.</p>	<ul style="list-style-type: none"> <li>▪ 1st - Reports and training materials around 2018 Treasury Management Review.</li> <li>▪ 2<sup>nd</sup> - Corporate Risk Register</li> <li>▪ 1st - Finance and Treasury Management training provided to the Board during 2018.</li> </ul>		

3.3	<p>The RSL has a robust business planning and control framework and effective systems to monitor and accurately report delivery of its plans. Risks to the delivery of financial plans are identified and managed effectively. The RSL considers sufficiently the financial implications of risks to the delivery of plans.</p>	<p>Whole Association approach to business planning commenced in the autumn and concluded in the Spring with draft and final plans to Board. Business Planning processes developed from SHR guidance.</p> <p>Risk review completed and included in the Corporate Plan as an appendix. Key risks reported to the Audit and Risk Committee and Assurance Board quarterly.</p> <p>Key risks tested through financial scenarios and discussed as Board business planning workshop. Scenario testing includes treasury risks, e.g. LIBOR increases.</p> <p>High level strategic objectives translated into annual delivery plan (action plan), KPI targets, policy schedule. Key performance targets developed through Board working group. All of these key documents separately approved by the Board. KPIs set following benchmarking exercise with comparable landlords.</p> <p>Performance against budget reported to Senior Team monthly, and Audit and Risk Committee and Board quarterly.</p> <p>Progress against these along with any corrective action reported to new assurance Board quarterly.</p> <p>All reports for new Assurance Board have been reviewed for 2019 to ensure clear and simple to support the Board to challenge as appropriate.</p> <p>Group structures considered as part of 2022 business planning process.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> - Corporate Business Plan</li> <li>▪ 1<sup>st</sup> - Annual delivery Plan</li> <li>▪ 2<sup>nd</sup> - Annual KPIs and Policy and Performance Committee report including benchmarking</li> <li>▪ 2<sup>nd</sup> - Progress reports to Assurance Board</li> <li>▪ 2<sup>nd</sup> - Risk Board and Committee reports</li> <li>▪ 2<sup>nd</sup> - Budget Board and Committee reports.</li> </ul>		
3.4	<p>The governing body ensures financial forecasts</p>	<p>Affordability assessed as part of annual rent setting process. Affordability assessed in line with</p>	<ul style="list-style-type: none"> <li>▪ 3<sup>rd</sup> - Report by Treasury advisers on</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
	<p>are based on appropriate and reasonable assumptions and information, including information about what tenants can afford to pay and feedback from consultation with tenants on rent increases.</p>	<p>Regulator’s Thematic Review and using SFHA / HouseMark tool.</p> <p>Board decision on final rent increase considers feedback from tenants.</p> <p>Key financial assumptions, e.g. long term interest rates, itemised as part of annual Corporate Business Plan and compared with previous years. Explanation of provenance of assumptions included, e.g. bank of England projections.</p> <p>Key financial business planning assumptions tested by external Treasury Advisers during 2018.</p> <p>2021 Business Plan assumptions informed by Treasury Advisors published information.</p> <p>Treasury Advisors annual services provided include review of business plan</p> <p>Five year financial projections are submitted to SHR in accordance with statutory guidance.</p>	<p>business plan assumptions.</p> <ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> - Rent increase Board reports – pre and post consultation.</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
3.5	<p>The RSL monitors, reports on and complies with any covenants it has agreed with funders. The governing body assesses the risks of these not being complied with and takes appropriate action to mitigate and manage them.</p>	<p>Covenant compliance both actual and projected included in quarterly management accounts report to Board and Audit and Risk Committee quarterly.</p> <p>Detailed Treasury Review Process undertaken in 2018 which considered covenants and considered in detail by Audit and Risk Committee prior to approval by Board.</p> <p>Board member financial training delivered internally by Head of Finance/Director of Resources and externally by Treasury Advisers included information on covenant compliance.</p> <p>Covenant compliance of long term and medium term financial plans set out in Corporate Business Plan.</p> <p>Testing of financial scenarios including assessment against covenants and the impact on financial viability assessed.</p> <p>Risks and mitigation actions reported to Board quarterly.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Financial and Treasury Management Board training materials</li> <li>▪ 2<sup>nd</sup> - Quarterly management accounts</li> <li>▪ 2<sup>nd</sup> - Annual Corporate Business Plan and financial appendices.</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
3.6	<p>The governing body ensures that employee salaries, benefits and its pension offerings are at a level that is sufficient to ensure the appropriate quality of staff to run the organisation successfully, but which is affordable and not more than is necessary for this purpose.</p>	<p>Full EVH members so salaries and other elements of Ts and Cs set centrally.</p> <p>Pensions reviewed during 2017 and 2019 and changes introduced in April 2018 and April 2020 – external pension advice procured and reported directly to the Board. Majority of staff moved to defined contribution pension scheme.</p> <p>Non-EVH changes to terms and conditions require Board approval in scheme of delegation.</p> <p>EVH Membership considered as part of November Board Away and May 2020 and was due to come back to November 2020 away day – now moved to 2021/22 due to absence of HR Manager.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Staff terms and conditions</li> <li>▪ 2<sup>nd</sup> - Reports to the Board during pension review</li> <li>▪ 2<sup>nd</sup> - Reports to the Board during SMT restructure</li> </ul>	<p>Consideration of EVH membership in <del>November 2020</del> 2021/22 Board Away Day (<i>Board and Committee Schedule</i>).</p>	

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
3.7	<p>The governing body ensures the RSL provides accurate and timely statutory and regulatory financial returns to the Scottish Housing Regulator. The governing body assures itself that it has evidence the data is accurate before signing it off.</p>	<p>Audited accounts, audit management letter and Board response to the auditor all approved by the Board following detailed consideration by the Audit and Risk Committee.</p> <p>External audit function regularly re-tendered to ensure current Best Practice is applied.</p> <p>Governance calendar in place from April 2019 setting out all returns, leads and sign off required. This is reviewed monthly by Senior Management Team.</p> <p>From 2019 returns requiring Board approval, e.g. the ARC is considered by the Board ahead of submission and in 2020 a working group was set up to consider this in detail.</p> <p>Corrections to returns are made as required, e.g. in 2018, 2019 and 2021 corrections made to ARC and five year financial returns. Board made aware of this.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Governance Calendar</li> </ul>		

**Standard 4**

**The governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation's purpose.**

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.1	<p>The governing body ensures it receives good quality information and advice from staff and, where necessary, expert independent advisers, that is timely and appropriate to its strategic role and decisions. The governing body is able to evidence any of its decisions.</p>	<p>We have an agreed reporting format for Board and Committees, that helps summarise each report and make clear what we are asking Board Members to consider. We record all decisions in our agreed minute format, and publish Board decisions on our website. Board papers are issued a week in advance. Board papers are structured to consider key issues first. Format of Board papers is considered as part of Board review process and changes have been made in 2018, 2019 and 2020. <a href="https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/">https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/</a></p> <p>We reviewed and streamlined our Committee structure in 2019, as well as reviewing our Scheme of Delegation to agree what must be considered at each governance level.</p> <p>We make good use of external professionals and advisors, particularly in relation to areas identified as requiring additional assurance and / or more complex areas, e.g. pensions, treasury. Specialist advisors provide advice directly to the Board by attending meetings. In addition, Board Members and senior officers are encouraged to attend networking and learning events throughout the year.</p> <p>The Board had three away days during 2019/20 focused on: governance; strategic planning and detailed financial business planning and KPI setting. Two away days were held in 2020/21.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Maryhill Housing website</li> <li>▪ 1<sup>st</sup> – Board training budget and Learning &amp; Development Plan</li> <li>▪ 1<sup>st</sup> – Board agendas, papers and minutes</li> <li>▪ 2<sup>nd</sup> – Standing Orders, Scheme of Delegation and Committee remit approved by Board</li> <li>▪ 3<sup>rd</sup> – presentations and reports from external advisors</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.2	<p>The governing body challenges and holds the senior officer to account for their performance in achieving the RSL’s purpose and objectives.</p>	<p>There are good discussions at Board and Committee meetings, with questions being asked of senior officers relating to their papers and the decisions Board Members are being asked to make. A session on scrutiny and challenge was provided at the May 2019 Board Away Day this year.</p> <p>The relationship between Board and senior officers is reviewed annually as part of the Board Appraisal process.</p> <p>The CEO’s performance is appraised annually using an agreed process by a sub-committee of Board members. This is set out in the CEO Performance Management Framework. The outcome is reported to the Board.</p> <p>Performance across the business (KPIs, development, investment delivery, finance, risk) is reported to quarterly Assurance Boards.</p> <p>A new Scheme of Delegation was approved in 2019 and ensures appropriate delegation for efficient running of the business.</p> <p>CEO performance management framework introduced in May 2021.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Board agendas, papers and minutes</li> <li>▪ 1<sup>st</sup> – Board appraisal process and records</li> <li>▪ 2<sup>nd</sup> – Standing Orders, Scheme of Delegation and Committee remit approved by Board</li> <li>▪ 2<sup>nd</sup> – CEO appraisal process</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.3	<p>The governing body identifies risks that might prevent it from achieving the RSL’s purpose and has effective strategies and systems for risk management and mitigation, internal control and audit.</p>	<p>We have a detailed risk register and map including lead senior officers that is updated at least quarterly and reported to management, to Audit &amp; Risk Committee, and to Board. The risk approach was reviewed and improved during 2019 and considers SHR guidance on risk as part of risk identification.</p> <p>We have a Risk Strategy that forms part of our Corporate Plan and is reviewed annually with approval from Board.</p> <p>Risk implications are included on our Board paper template, so all decisions are made with the relevant risk areas being considered.</p> <p>Our internal and external auditors regularly check our Risk Register to inform their audit proposals. Three yearly internal audit plans are approved annually by the Board following discussion with senior management team and Audit and Risk Committee.</p> <p>Risks are considered in detail quarterly by senior management team and highlighted to all managers.</p> <p>Our Scheme of Delegation and Board reports include identification of notifiable events and responsibilities for submitting.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Risk Strategy and Risk Register approved by Board</li> <li>▪ 2<sup>nd</sup> - Risk reports to Audit &amp; Risk Committee and to Board</li> <li>▪ 3<sup>rd</sup> - Internal and External Audit reports and plans</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.4	<p>Where the RSL is the parent within a group structure it fulfils its responsibilities as required in our group structures guidance to:</p> <p>a) control the activities of, and manage risks arising from, its subsidiaries;</p> <p>b) ensure appropriate use of funds within the group;</p> <p>c) manage and mitigate risk to the core business; and</p> <p>d) uphold strong standards of governance and protect the reputation of the group for investment and other purposes.</p>	<p>We currently have a dormant subsidiary- Maryhill Communities Ltd - that we intend to use in the near future. This has been delayed by covid delaying the development of mid-market rent housing. Currently there is an annual meeting of the subsidiary’s board to agree that it will remain dormant and to sign off the necessary regulatory returns.</p> <p>Governance framework for the subsidiary in preparation for activation approved by the Association’s Board in September 2019.</p> <p>First meeting of the Maryhill Living Board held in November 2021 and key governance documents approved.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Maryhill Communities Ltd minutes</li> <li>▪ 1<sup>st</sup> - Companies House returns and online profile</li> </ul>	<p>Detailed governance arrangements for the Association’s subsidiary to be approved by <del>November 2024</del> <del>February 2022</del> May 2022 (<i>Delivery Plan</i>)</p>	

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.5	<p>The RSL has an internal audit function. The governing body ensures the effective oversight of the internal audit programme by an audit committee or otherwise. It has arrangements in place to monitor and review the quality and effectiveness of internal audit activity, to ensure that it meets its assurance needs in relation to regulatory requirements and the Standards of Governance and Financial Management. Where the RSL does not have an audit committee, it has alternative arrangements in place to ensure that the functions normally provided by a committee are discharged.</p>	<p>We have had an internal auditor for many years. Our three year internal audit plan is signed off by the Board as part of the Corporate Plan following working groups with Senior Management Team and the Audit and Risk committee. This includes consideration of key risk areas and risk and business planning guidance from the Scottish Housing Regulator. During the Audit and Risk Committee where the 3 year plan is considered there is time for the Committee to meet directly with the internal auditors without staff present.</p> <p>The audit plan and all audit reports are presented to our Audit &amp; Risk Committee, which meets quarterly and has a remit strongly focused around audit, risk, assurance and financial management. The internal auditor also produces an annual report summarising internal audit activity which goes to the full Board. The Board and Audit Committee both have the ability to request time with the internal auditors without staff present.</p> <p>Our internal auditor was re-procured in 2019 following a competitive process using SFHA guidance.</p> <p>In 2021/22 also experimenting with alternative third lines of defence, e.g. jointly procured specialist audits. Progress in delivering these also reported to Audit and Risk Committee quarterly.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Audit &amp; Risk agendas, papers and minutes</li> <li>▪ 2<sup>nd</sup> - Internal Audit Plan approved by Board</li> <li>▪ 3<sup>rd</sup> - Internal Audit Reports</li> <li>▪ 3<sup>rd</sup> - External Audit Reports</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
4.6	The governing body has formal and transparent arrangements for maintaining an appropriate relationship with the RSL's external auditor and its internal auditor.	<p>Our internal and external auditors are formally procured in line with our Procurement Policy. Once assigned the contract they provide an audit programme or plan to formalise what they will review and report on while working for us. This plan is approved by Audit &amp; Risk Committee and by Board.</p> <p>The External Audit Report is considered and approved at the annual AGM, alongside the statutory accounts. A representative from the firm presents the Report to all Members in attendance.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - AGM papers and minutes</li> <li>▪ 1<sup>st</sup> - Board papers and minutes</li> <li>▪ 1<sup>st</sup> - Internal &amp; External Audit contracts</li> <li>▪ 1<sup>st</sup> - Audit &amp; Risk papers and minutes</li> <li>▪ 2<sup>nd</sup> - Internal &amp; External Audit Plans approved by Board</li> <li>▪ 3<sup>rd</sup> - Letter confirming independence of external auditor</li> </ul>		

**Standard 5**

**The RSL conducts its affairs with honesty and integrity.**

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
5.1	<p>The RSL conducts its affairs with honesty and integrity and, through the actions of the governing body and staff, upholds the good reputation of the RSL and the sector.</p>	<p>Corporate Business Plan includes clear sections on values having been developed through extensive consultation with staff and in response to feedback from customers – hence the new value to Deliver on Promises.</p> <p>Senior Management Team and Board workshop held to discuss Corporate Business plan in February of each year.</p> <p>Board member Code of Conduct included in Board Member induction and re-emphasised as part of May 2019 and December 2020 Board Away Days. This also considered role as a Trustee of a Charity.</p> <p>Explicit expectation for senior staff to be outward looking in JDs and competency framework and the association takes the opportunities to promote the work of the Association through housing press and by speaking and conferences and events.</p> <p>Development of openness culture through All Manager quarterly away days, Best Companies and Pulse surveys.</p> <p>Networking with local organisations carried out as part of developing Equality and Diversity Strategy and community networking event planned for front facing staff. Also integration with the wider community through social media, Community Fund and donations programme.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> - New Corporate Business Plan.</li> <li>▪ 1<sup>st</sup> - Board member signed codes of conduct</li> <li>▪ 3<sup>rd</sup> - Best companies survey to assess effectiveness of leadership</li> <li>▪ 2<sup>nd</sup> Board Review process (internally)</li> <li>▪ 3<sup>rd</sup> – external Board review process very three years</li> </ul>	<p>Values publicly stated in offices by <del>October 2019</del> <del>March 2020</del> TBC (covid-dependent) (<i>Corporate Team Delivery Plan</i>)</p>	

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
		<p>Honesty and value driven included in 2020 and 2021 Board review process.</p> <p>The organisation is a Glasgow Living Wage employer and is part of the Disability Confident Scheme.</p> <p>Corporate Plan objectives, vision and values embedded across the organisation – e.g. 1-1s, all manager meetings. New appraisal process launched in December 2019 and tracked quarterly.</p>			
5.2	<p>The RSL upholds and promotes the standards of behaviour and conduct it expects of governing body members and staff through an appropriate code of conduct. It manages governing body members' performance, ensures compliance and has a robust system to deal with any breach of the code.</p>	<p>Code of conduct signed annually by Board members – use SFHA model.</p> <p>Code of conduct included in Board member induction process and considered in detail at May 2019 and December 2020 Governance Away Day.</p> <p>Robust process for Annual Board member review – externally delivered in 2020. Board member Code of Conduct and the Association's values form part of the annual Board review process. Results from the review process discussed at Board in autumn and then feed into following year's Governance Effectiveness Plan.</p> <p>Robust process in place to manage alleged breaches in the code of conduct – Regulator notified and process in Code of Conduct followed for alleged breaches. Process led by the Chair as appropriate and external investigation carried out as required. External review carried out in 2020 followed potential breaches and improvements approved to the protocol for managing potential breaches.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Signed Board Member code of conducts</li> <li>▪ 1<sup>st</sup> - Board member induction materials and procedure</li> <li>▪ 1<sup>st</sup> - Board member review process – paper to the Board</li> <li>▪ 1<sup>st</sup> - Notifiable events regarding alleged breaches in the Code of Conduct.</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
5.3	<p>The RSL pays due regard to the need to eliminate discrimination, advance equality and human rights, and foster good relations across the range of protected characteristics in all areas of its work, including its governance arrangements.</p>	<p>Introduction of equality impact assessment for policies as per policy schedule from September '19. Senior Management Team trained and format externally verified.</p> <p>Toolkit in place for communicating with staff who do not speak or read English and training provided to staff. Interpretation and translation offered.</p> <p>Equality and diversity strategy approved in April 2018 and refreshed in May 2019 following a period of assessment against good practice and consultation with relevant representative groups.</p> <p>New values include 'celebrate diversity' to reflect perception of diversity as an asset rather than a problem.</p> <p>Processes in place to encourage applications for jobs from under-represented groups, e.g. promotion of jobs to specific networks. Ethnic diversity of staff team now reported to the Board.</p> <p>Equalities policy in place to safeguard against discrimination of staff.</p> <p>E and D training completed by all staff and Board during 2018 and 2021 and now part of induction from 2019. Cultural awareness training delivered to all staff in 2019 and 2020.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> - Equality and diversity strategy and action plan</li> <li>▪ 1<sup>st</sup> - Equalities policy</li> <li>▪ 1<sup>st</sup> - EIA for new policies</li> <li>▪ 1<sup>st</sup> - Accessible office facilities</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
5.4	<p>Governing body members and staff declare and manage openly and appropriately any conflicts of interest and ensure they do not benefit improperly from their position.</p>	<p>Requirement to declare interests set out in staff Ts and Cs and Board Code of Conduct. This is completed annually for both groups and a register held. Guidance is issued to explain what should be registered as an interest.</p> <p>SFHA model payments and benefits policy is in place for staff and Board members.</p> <p>Board member induction includes responsibility to declare interests. Further discussion held on this at May 2019 Governance Away Day.</p> <p>There is a standing item on Board agenda for declaration of interests. This is reported to the Audit and Risk Committee quarterly. This is also checked in advance of Board meetings by the Performance and Governance Manager.</p> <p>Where declarations of interest are noted this is managed appropriately, e.g. members of the Board not participating in discussions or leaving the room for certain discussions. This is minuted.</p> <p>There is a standing item on senior management team agendas for regulatory updates. This is checked by the Performance and Governance Manager.</p>	<ul style="list-style-type: none"> <li>▪ 1st - Register of interests</li> <li>▪ 1<sup>st</sup> - Board member declarations of interest on file</li> <li>▪ 1<sup>st</sup> - Gifts, payments and benefits policy and register in place based on the SFHA model.</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
5.5	The governing body is responsible for the management, support, remuneration and appraisal of the RSL's senior officer and obtains independent, professional advice on matters where it would be inappropriate for the senior officer to provide advice.	<p>Appraisal process is in place for the Senior Officer which is undertaken by the Chair, Vice chair and Chair of Staffing Committee. This is then reported to the full Board. Feedback is sought from the full Board to include in the appraisal.</p> <p>From April 2019 CEO remuneration managed in line with the SHR guidance.</p> <p>A salary benchmarking exercise was carried out ahead of recruitment to the current CEO.</p> <p>Where the CEO has a personal interest, e.g. the March 2019 Board paper on CEO remuneration, the CEO is not involved in these discussions.</p> <p>CEO performance management framework introduced in May 2021.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> - CEO appraisal</li> <li>▪ 2<sup>nd</sup> - Board reports following CEO appraisal</li> <li>▪ 2<sup>nd</sup> - CEO remuneration report to Board March 2019.</li> </ul>		
5.6	There are clear procedures for employees and governing body members to raise concerns or whistleblow if they believe there has been fraud, corruption or other wrongdoing within the RSL.	<p>Fraud theft and anti-bribery policy in place and all staff trained on this in February 2019. Refresher training provided virtually during 2020.</p> <p>Whistleblowing Policy and procedure in place – reviewed October 2019.</p> <p>Payments internal audit carried out in 2018 following payment of a fraudulent invoice and processes improved as a result.</p> <p>Fraud and attempted fraud notified to the Board and Regulator and a full learning review carried out.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Whistleblowing policy</li> <li>▪ 1<sup>st</sup> - Fraud, theft and anti-bribery policy</li> <li>▪ 3<sup>rd</sup> - Payments internal audit</li> <li>▪ 2<sup>nd</sup> - 2019 fraud notifiable event</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
5.7	Severance payments are only made in accordance with a clear policy which is approved by the governing body, is consistently applied and is in accordance with contractual obligations. Such payments are monitored by the governing body to ensure the payment represents value for money. The RSL has considered alternatives to severance, including redeployment.	<p>Severance payments are made in line with the payments and benefits policy based on the SFHA model and the terms and conditions and the Severance Policy.</p> <p>Legal advice has been taken in all instances of severance and the legal advice has been presented directly to the Board to provide assurance that the policy has been complied with.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Payments and benefits policy</li> <li>▪ 2<sup>nd</sup> - Board reports on staffing restructures during 2018 and 2019.</li> </ul>		
5.8	Where a severance payment is accompanied by a settlement agreement the RSL does not use this to limit public accountability or whistleblowing. The RSL has taken professional legal advice before entering into a settlement agreement.	Settlement agreements are drafted by our legal advisers and the format does not limit public accountability or whistleblowing.	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - Example settlement agreement</li> </ul>		

## Standard 6

The governing body and senior officers have the skills and knowledge they need to be effective.

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.1	<p>The RSL has a formal, rigorous and transparent process for the election, appointment and recruitment of governing body members. The RSL formally and actively plans to ensure orderly succession to governing body places to maintain an appropriate and effective composition of governing body members and to ensure sustainability of the governing body.</p>	<p>We currently have 10 elected Board Members and one co-opted Board Member. Our minimum is 7 and max 15, with at least 12 of these being elected, so we are meeting that requirement. 6 are customers (5 tenants, 1 owner) and 5 independent.</p> <p>There is a role description in place for Board Members and Office Bearers.</p> <p>Board recruitment is ongoing to recruit new tenant Board members.</p> <p>We use the annual face-to-face (covid dependent) Board appraisal process to discuss with Board Members what their plans may be for the future. This allows us to manage succession effectively.</p> <p>A new Chair was elected in September 2021 and the Vice Chair was re-elected in September 2021.</p> <p>A Board recruitment procedure is in place. Potential new Board Members are issued with a Board recruitment pack, are invited to observe two Board meetings, submit an application form and are interviewed by a panel of Board Members.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Governance Effectiveness Plan</li> <li>▪ 1<sup>st</sup> – Board Member Information maintained by Corporate Support</li> <li>▪ 1<sup>st</sup> – AGM papers and minutes</li> <li>▪ 1<sup>st</sup> – Board Member Recruitment Process</li> <li>▪ 1<sup>st</sup> – Board Member Induction Checklist &amp; materials</li> <li>▪ 2<sup>nd</sup> – Board Member Appraisal Process and paperwork approved by Board and carried out by Chair</li> <li>▪ 3<sup>rd</sup> – Rules approved by Regulator and FCA</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.2	<p>The governing body annually assesses the skills, knowledge, diversity and objectivity it needs to provide capable leadership, control and constructive challenge to achieve the RSL’s purpose, deliver good tenant outcomes, and manage its affairs. It assesses the contribution of continuing governing body members, and what gaps there are that need to be filled.</p>	<p>We have a detailed annual Board Appraisal Process, which covers Board Members’ own performance and skills assessment (discussed at face-to-face discussions) as well as wider governance effectiveness. For the latter, we use an electronic survey to gather Board Member views, followed by a Governance Effectiveness workshop to discuss the results as a group.</p> <p>The final output of this process is a Governance Effectiveness Plan, structured in line with the Regulatory Framework and outlining what actions will be taken to improve our compliance over the next year.</p> <p>In 2020 and 2021 the Board review process has been completed externally to help support a relatively new and inexperienced Board.</p> <p>When looking to recruit new Board members we identify the skills we required (based on the feedback from the review process) as part of the advertisement and assessment process.</p> <p>The skills the Board are seeking is promoted via newsletters, social media and external advertisement.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Governance Effectiveness Plan</li> <li>▪ 1<sup>st</sup> – analysis of Governance Effectiveness survey</li> <li>▪ 1<sup>st</sup> – Governance Effectiveness presentations (Oct &amp; Jan Board meetings)</li> <li>▪ 1<sup>st</sup> – relevant Board minutes</li> <li>▪ 2<sup>nd</sup> – Board Member Appraisal Process and paperwork approved by Board and carried out by Chair</li> <li>▪ 2<sup>nd</sup> – Governance Effectiveness Plan approved by Board and progress reported quarterly</li> <li>▪ 3<sup>rd</sup> – Board appraisals managed by external facilitator every third year</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.3	<p>The RSL ensures that all governing body members are subject to annual performance reviews to assess their contribution and effectiveness. The governing body takes account of these annual performance reviews and its skills needs in its succession planning and learning and development plans. The governing body ensures that any non-executive member seeking re-election after nine years' continuous service demonstrates continued effectiveness.</p>	<p>In 2020 and 2021 our annual Board Appraisal Process was delivered externally. In the previous two years this was delivered in-house and we used individual Board Appraisal forms to review each individual's performance during the year, as well as an electronic survey to gather their views on other areas of governance / the Board. Meetings are then held between the Chair and each Board Member, followed by a Governance Effectiveness workshop to discuss the outputs as a group.</p> <p>For the Chair himself, in 2021 a survey was sent to all Board Members asking for their feedback on him. He then had an appraisal meeting with the Vice Chair and external adviser in the same format as the others.</p> <p>The final output of this process is a Governance Effectiveness Plan including Board Learning &amp; Development Plan. The L&amp;D Plan sets out what training will be held during the year to ensure we have the right mix of skills and that Board Members stay up to date with regulatory matters.</p> <p>We had one Board Member subject to the 9-year rule in 2017. The normal appraisal process was expanded to consider his contribution to the Board and to what extent he remained objective and effective. The Chair was satisfied that this Board Member should continue, and this recommendation was then discussed and approved by Board.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Governance Effectiveness Plan</li> <li>▪ 1<sup>st</sup> – analysis of Governance Effectiveness survey</li> <li>▪ 1<sup>st</sup> – Governance Effectiveness presentations (Oct &amp; Jan Board meetings)</li> <li>▪ 1<sup>st</sup> – relevant Board minutes</li> <li>▪ 1<sup>st</sup> – Board Member Information maintained by Corporate Support</li> <li>▪ 2<sup>nd</sup> – Board Member Appraisal Process and paperwork approved by Board and carried out by Chair</li> <li>▪ 2<sup>nd</sup> – Governance Effectiveness Plan approved by Board and progress reported quarterly</li> <li>▪ 2<sup>nd</sup> – Board Learning &amp; Development Plan approved by Board</li> <li>▪ 3<sup>rd</sup> – Board appraisals managed by external facilitator every third year</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.4	The RSL encourages as diverse a membership as is compatible with its constitution and actively engages its membership in the process for filling vacancies on the governing body.	<p>Our approach to membership is clearly set out in our rules. We promote shareholding membership when we sign up new tenants, through our website and through adhoc discussions with customers, e.g. responding to complaints or customer satisfaction surveys. Of our 10 elected Board Members, 5 are tenants of the association.</p> <p>Board recruitment is ongoing and we are specifically seeking more tenant Board members who are representative of the Maryhill community.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Board Member Information maintained by Corporate Support</li> <li>▪ 1<sup>st</sup> – Board Member Recruitment Process</li> <li>▪ 3<sup>rd</sup> – Rules approved by Regulator and FCA</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.5	<p>The RSL ensures all new governing body members receive an effective induction programme to enable them to fully understand and exercise their governance responsibilities. Existing governing body members are given ongoing support and training to gain, or refresh, skills and expertise and sustain their continued effectiveness.</p>	<p>We have a detailed induction process to help all new Board Members learn about the housing sector and our organisation, understand the Board Member role, observe Board meetings as well as meeting staff and other Board Members, receiving tours of our stock, and meeting with the Chair to discuss their interests and skills. This induction process was revised in 2019 following consideration of Best Practice from GWSF.</p> <p>Our annual Board Appraisal Process and Board Learning &amp; Development Plan ensure new and existing Board members are given ongoing support and training. This forms part of our Governance Effectiveness Plan reported to the Board three times a year. We have a healthy L&amp;D budget for our Board Members, this ensures they are able to attend conferences and formal training throughout the year. All Board Member training is captured on a tracker. We also provide a programme of internal briefing sessions.</p> <p>Board member learning from training or events is reported back to the wider Board at the next meeting with a standing agenda item.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Board Member Recruitment Process</li> <li>▪ 1<sup>st</sup> – Board Member Induction Checklist &amp; materials</li> <li>▪ 2<sup>nd</sup> – Board Member Appraisal Process and paperwork approved by Board and carried out by Chair</li> <li>▪ 2<sup>nd</sup> – Board Learning &amp; Development Plan approved by Board</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
6.6	If the governing body decides to pay any of its non-executive members then it has a policy framework to demonstrate clearly how paying its members will enhance decision-making, strengthen accountability and ownership of decisions, improve overall the quality of good governance and financial management and deliver value for money.	<p>We do not currently pay our Board Members, who are involved with us on a voluntary basis only.</p> <p>We have a Board Expenses Policy that ensures Board Members are not out of pocket for attending our meetings or other events. This covers travel expenses and overnight allowances for those who wish to claim them, as well as child care if required. This policy is regularly reviewed and approved by Board.</p>	<ul style="list-style-type: none"> <li>2<sup>nd</sup> – Board Expenses Policy approved by Board annually</li> </ul>		
6.7	The governing body is satisfied that the senior officer has the necessary skills and knowledge to do his/her job. The governing body sets the senior officer's objectives, oversees performance, ensures annual performance appraisal, and requires continuous professional development.	<p>The Chief Executive goes through an annual appraisal process, with an appraisal meeting held with the Chair, Vice Chair and Chair of Staffing Panel. The outcome of this appraisal is reported to the full Board. In 2020/21 this process will be externally supported.</p> <p>Part of this process is agreeing the Chief Executive's objectives for the year. These objectives are presented to Board for formal approval. The objectives fall under 3 main headings – Behaviours, Tasks, and Skills. This is in line with the wider Staff Appraisal Process of the organisation.</p> <p>CEO performance management framework introduced from May 2021.</p>	<ul style="list-style-type: none"> <li>1<sup>st</sup> – Staff Appraisal Process</li> <li>1<sup>st</sup> – Chief Executive appraisal form</li> <li>1<sup>st</sup> – Relevant Board paper and minutes</li> <li>2<sup>nd</sup> – Chief Executive objectives approved by Board</li> </ul>		

## Standard 7

The RSL ensures that any organisational changes or disposals it makes safeguard the interests of, and benefit, current and future tenants.

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
7.1	The governing body discusses and scrutinises any proposal for organisational change and ensures that the proposal will benefit current and future tenants.	<p>Any proposal for organisational change would be subject to significant discussion by the Board supplemented by external advice.</p> <p>At Maryhill we have a dormant subsidiary and in the past year we have investigated the best structures for delivery of certain activities, such as selling development services. Consideration of these issues has not directly affected current or future tenants.</p> <p>Previously options appraisals have been carried out following the departure of CEOs and the brief for these was clear that tenants' interests are a key consideration.</p>	<ul style="list-style-type: none"> <li>▪ 3<sup>rd</sup> - Board paper and external legal advice November 2018 on subsidiary governance</li> <li>▪ 1<sup>st</sup> - Brief for 2014 option appraisal following departure of the CEO.</li> </ul>		
7.2	The RSL ensures that its governance structures are as simple as possible, clear and allow it to meet the Standards of Governance and Financial Management, Constitutional Requirements, and Group Structures guidance.	<p>Investigation into options for group structure specifically considered the Group Structures Guidance and the Standards of Governance and Financial Management. The proposed group structure following this exercise aimed to be as simple and clear as possible.</p> <p>Governance framework for the subsidiary approved by the Board in September 2019 and September 2021 in preparation for activation.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> - Board paper November 2018 on subsidiary governance</li> </ul>		

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
7.3	The RSL ensures adequate consultation with, and support from, key stakeholders including tenants, members, funders (who may need to give specific approval) and local authorities as well as other regulators.	<p>The only constitutional change at Maryhill in recent years has been an update to the rules to bring them into line with the SFHA model process. This process was completed quickly and efficiently.</p> <p>Requirements on rule changes set out in scheme of delegation. Senior Management Team and Board received training on the scheme of delegation and notifiable events in April 2019.</p>	<ul style="list-style-type: none"> <li>1<sup>st</sup> - Scheme of Delegation approved in January 2019 and updated in April 2019 to include regulatory requirements.</li> </ul>		
7.4	The governing body is satisfied that the new (or changed) organisation will be financially viable, efficient and will provide good outcomes for tenants.	This is not relevant for Maryhill at the moment but these will be key considerations when the detail of the intra-group arrangements are established between the parent and subsidiary during 2021/2022.		Detailed service agreement between Maryhill Housing and Maryhill Communities to be approved during 2020/21-2021/22 May 2022 ( <i>Board Schedule, 2020-21</i> )	
7.5	The RSL establishes robust monitoring systems to ensure that delivery of the objective of the change and of commitments made to tenants are achieved (for example in relation to service standards, operating costs and investment levels).	<p>The Association has not recently undertaken any organisational change.</p> <p>The second stage stock transfer in 2011 comprised the most significant organisational change at Maryhill and the association reviewed these commitments in April 2020.</p>			

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
7.6	Charitable RSLs seek consent/notify OSCR of changes to their constitution and other changes as appropriate.	This was completed as part of the 2020 Rule Change process.	<ul style="list-style-type: none"> <li>1<sup>st</sup> - 2018/19 rule change process including notification to OSCR.</li> </ul>		
7.7	The governing body ensures that disposals, acquisitions and investments fit with the RSL's objectives and business plan, and that its strategy is sustainable. It considers these taking account of appropriate professional advice and value for money - whether as part of a broader strategy or on a case by case basis.	<p>The Association's approach to acquisitions is covered in our Asset Management Strategy. This strategy mentions disposals but there is no detail on our approach to disposals and why/when/how they would be undertaken.</p> <p>Our approach to Investments is set out in our Treasury Management Policy and performance is externally assessed annually.</p> <p>Where a decision has been taken to dispose, e.g. the March 2019 decision to dispose of a commercial property, this has been based on an option appraisal and external advice from a third party.</p> <p>Our Capital Accounting Policy was approved in 2020.</p> <p>The Association has commenced work to assess the long-term viability of its multi-storey stock and considered this at the November 2019 Board away day. An external review was concluded at approved by the Board in October 2020.</p>	<ul style="list-style-type: none"> <li>2<sup>nd</sup> - Asset Management strategy</li> <li>1<sup>st</sup> - Treasury Management Policy</li> <li>1<sup>st</sup> Capital Accounting Policy</li> <li>1<sup>st</sup> - 2019-20 Delivery Plan</li> <li>3<sup>rd</sup> – Board Paper and external advice on disposal of commercial unit at 1036 Maryhill Road</li> <li>3<sup>rd</sup> – Annual external review of Treasury performance</li> </ul>	Development of principles for a Stock rationalisation and Acquisitions Policy by <del>October</del> <del>November 2024</del> March 2022 ( <i>Resources Team Delivery Plan</i> ).	
7.8	The RSL complies with regulatory guidance on tenant consultation, ballots and authorisation.	This does not apply to Maryhill.			

	Description	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
7.9	The RSL notifies the Regulator of disposals in accordance with regulatory guidance.	<p>Regulator is notified of disposals in accordance with the Regulatory guidance and specific advice was sought in 2019 around the treatment of 'flipping tenancies'. Notifiable event was submitted in April 2019.</p> <p>Historically practice around disposals has not followed the regulatory guidance and this was notified to the Regulator in April 2019.</p> <p>This has been addressed - following this incident the Delegations Schedule was updated to include notifiable events and other regulatory permissions and the standard Board paper format was updated to include notifiable events</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - April 2019 notifiable event on housing leases.</li> <li>▪ 1<sup>st</sup> – Delegation Schedule</li> </ul>		
7.10	The RSL only agrees fixed or floating charges where the assets are used to support core activities. This should exclude providing security in relation to staff pensions.	The Association's only loan is to fund core activity of investment in our homes and building new homes. The Association does not provide any security in relation to pensions.	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> - 30 year financial plans</li> </ul>		

## Regulatory Requirements & Legislation

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
i.	Prepare an Annual Assurance Statement in accordance with our published guidance, submit it to us between April and the end of October each year, and make it available to tenants and other service users.	Most recent statement signed off by the Board in October 2021.	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Governance Effectiveness Plan</li> <li>▪ 2<sup>nd</sup> - Assurance Board meetings with standard agenda</li> <li>▪ 2<sup>nd</sup> - Assurance Framework and Dashboard</li> </ul>		
ii.	Notify us during the year of any material changes to the assurance in its Assurance Statement.	Not applicable until first statement submitted. However ongoing compliance with the Regulatory framework will be assessed at quarterly Assurance Board meetings. Assurance dashboard will be updated on our website quarterly.			
iii.	Have assurance and evidence that it is meeting all of its legal obligations associated with housing and homelessness services, equality and human rights, and tenant and resident safety.	<p>Legal obligations included in implications section of all Board reports. Policies refer to relevant legislation. Compliance against key legislative areas below:</p> <p>Allocations: Current policy compliant with the 2014 Housing Scotland Act. Lettings quotas reported at quarterly Assurance Boards. Lets to homeless households significantly increased following request from GCC and Scottish Government. Evidence of tenant consultation with Allocations Policy was changed. Housing needs and demand study carried out in 2017.</p> <p>Anti-social behaviour: Current policy compliant with the 2014 Housing Scotland Act. Customer satisfaction on ASB collected from September.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Board report cover papers</li> <li>▪ 3<sup>rd</sup> - External Audit reports</li> <li>▪ 3<sup>rd</sup> - Specific Internal Audits</li> </ul>	<p>Environmental Strategy to be produced by <del>September 2020</del> during 2021/22 2022/2023 (<i>Policy Schedule</i>).</p> <p>Commence collection of equalities data on all protected characteristics by August 2022 (<i>Corporate Support Team Delivery Plan</i>)</p> <p>Range of health and safety actions as set out in Health and Safety Assurance report.</p>	

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
		<p>Evidence of tenant consultation when ASB Policy was updated. Performance on ASB reported at quarterly Assurance Boards.</p> <p>Evictions: Eviction covered in ASB and rent arrears policies. Specialist legal advice taken. Evictions reported to quarterly Assurance Boards.</p> <p>Abandonments: Statement on abandonments included in Allocations policy. Abandonments reported monthly to Operational Management Team.</p> <p>Homelessness: Proportion of lets to homeless households reported quarterly to Assurance Boards. Active participants in local lettings communities. Contributed to the development of the rapid rehousing plan.</p> <p>Equalities and human rights: All Board reports consider equalities. From August 2019 key policies include a full equalities impact assessment. Strategic objectives linked to equalities. Celebrate diversity a core value. E, D and I Policy in place and Equality and Diversity Strategy in place. Not currently collecting equalities data for all protected characteristics groups.</p> <p>Tenancy agreements: Tenancy agreement updated following 2014 Act. New tenancy agreement approved by the Board and checked by legal advisers. Evidence of consultation on changes on ASB and Allocations.</p>			

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
		<p>Environmental Protection. No current Environmental Strategy in Place due to be completed by September 2020.</p> <p>Accounting and Taxation. External and internal auditors in place. VAT review carried out by external auditors in 2019. Strong result in financial controls audit in 2020/21.</p> <p>Employment Law. HR employment advice from EVH and external legal advisers.</p> <p>Health and Safety. Health and health policies and procedures in place and audit and external advice provided by ACS Risk on organisational health and safety. Specialist external audit of landlord health and safety ongoing due to complete by August 2021. Further external advice procured for 2022/2023. CDM Policy in place and responsibilities clear. External risk assessments completed and acted on for fire safety.</p> <p>Organisational H and S material non-compliance – lone working – as staff not inducted into lone working system.</p> <p>Other key areas of non-compliance (although non-material): lone working; electrical safety; stock fire safety; render failure; gas safety; asbestos safety; water safety (legionella). Clear plans in place to address all areas requiring improvement.</p>			

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
iv.	<p>Notify us of any tenant and resident safety matters which have been reported to, or are being investigated by the Health and Safety Executive, or reports from regulatory or statutory authorities, or insurance providers, relating to safety concerns.</p>	<p>Training on health and safety delivered to Board members during 2018/19 and separate health and safety section of Assurance Board meetings now introduced.</p> <p>Incidents reported to HSE as required and notifiable events submitted to the SHR, e.g. recent notifications around asbestos, gas, electrical safety and legionella. Any such incidents included in the Health &amp; Safety report to Board.</p> <p>Liaison with insurers around risks posed by failing render at Glenavon. Actions requested by the insurers all taken.</p> <p>Stock condition survey completed for over 80% of properties over the last seven years. Stock condition surveys recently recommenced following covid.</p> <p>Monthly close inspections commenced again in April 2021 following covid.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Health &amp; Safety assurance report</li> <li>▪ 3<sup>rd</sup> – HSE incident investigations</li> <li>▪ 3<sup>rd</sup> – notifiable events reviewed by SHR</li> </ul>		
v.	<p>Make its Engagement Plan easily available and accessible to its tenants and service users, including online.</p>	<p>Engagement Plan available online:  <a href="https://www.maryhill.org.uk/our-tenants/performance-service-standards-service-failure">https://www.maryhill.org.uk/our-tenants/performance-service-standards-service-failure</a></p> <p>Engagement Plan promoted in winter 2020 newsletter.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Maryhill Housing website</li> </ul>		

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
vi.	Register all requirements for providing data to us with the Information Commissioner’s Office as a purpose for which they are acquiring data under the Data Protection Act 2018.	Association is registered with the ICO.	<ul style="list-style-type: none"> <li>▪ 3<sup>rd</sup> – ICO registration</li> <li>▪ 3<sup>rd</sup> – GDPR Internal Audit</li> </ul>		
vii.	Submit an Annual Return on the Charter to us each year in accordance with our published guidance.	<p>ARC returns consistently submitted within required timeframes.</p> <p>Internal review of data accuracy/validity.</p> <p>Corporate oversight/management of the submission.</p> <p>Board working group set up to review data in detail.</p> <p>Performance against the Charter including benchmarking reported to the Board quarterly.</p> <p>Performance information is shared with customers through the Association’s website from November 2019 as part of FOI preparation and in quarterly newsletters from winter 2020.</p>	<ul style="list-style-type: none"> <li>▪ 2<sup>nd</sup> – Annual ARC report to Board</li> <li>▪ 3<sup>rd</sup> – SHR engagement rating</li> </ul>		

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
viii.	<p>Involve tenants, and where relevant other service users, in the preparation and scrutiny of performance information. It must:</p> <ul style="list-style-type: none"> <li>• agree its approach with tenants</li> <li>• ensure that it is effective and meaningful – that the chosen approach gives tenants a real and demonstrable say in the assessment of performance</li> <li>• publicise the approach to tenants</li> <li>• ensure that it can be verified and be able to show that the agreed approach to involving tenants has happened</li> <li>• involve other service users in an appropriate way, having asked and had regard to their needs and wishes.</li> </ul>	<p>Performance information reported to Service Improvement Panel to inform scrutiny reviews.</p> <p>Clear governance framework around scrutiny developed in partnership with the Tenant Information service (TIS)</p> <p>Customer satisfaction survey developed with the Tenants’ Service Improvement Group.</p> <p>Our approach to the preparation and scrutiny of performance information is proactively agreed with tenants through our scrutiny panel. Tenants were also asked to feedback on our draft video annual review and feedback on the final version. This was incorporated into the Annual Reviews for 2020 and 2021.</p> <p>Moving away from reliance on traditional customer engagement methods, e.g. RTOs and public meetings, and focusing more on different ways to get feedback from a more representative sample of tenants focused on customer insight. This is set out in the Customer Engagement Strategy.</p> <p>Scrutiny reports are published on the Association’s website as part of our FOI implementation plan.</p> <p>Owners are fully consulted on our service, e.g. recent consultation on a potential new Customer Charter involving owners.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – SIP scoping document and meeting notes</li> </ul>		


	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
ix.	<p>Report its performance in achieving the Charter to its tenants and other service users by October. It must agree the format of reporting with tenants, ensuring that it is accessible, with plain and jargon-free language.</p> <p>When reporting performance it must:</p> <ul style="list-style-type: none"> <li>• provide them with an assessment of performance in delivering each of the relevant Charter outcomes and standards</li> <li>• include comparisons – these should include comparisons with previous years, other landlords and national performance</li> <li>• set out how and when the landlord intends to address areas for improvement</li> <li>• give tenants and other service users a way to feed back their views on the style and form of the reporting.</li> </ul>	<p>Annual Review developed following feedback from a panel of tenants. Includes an assessment of performance against charter indicators, showing relevant comparisons and trends. It sets out where we aimed to address areas for improvement. Customers asked to feedback on the style and content of the video annual review and feedback incorporated into 2021 review.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – consultation exercise</li> <li>▪ 2<sup>nd</sup> - Annual Review approved by Board</li> <li>▪ 3<sup>rd</sup> – SHR engagement rating</li> </ul>		

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
x.	Make our report on its performance easily available to its tenants, including online.	<p>Paper copies of the Annual Review have been issued to all tenants in past years. It is also available online, along with historical versions.  <a href="https://www.maryhill.org.uk/about-us/annual-reports-and-newsletters/">https://www.maryhill.org.uk/about-us/annual-reports-and-newsletters/</a></p> <p>Video annual review available on the Association's website.</p>	<ul style="list-style-type: none"> <li>1<sup>st</sup> – Maryhill Housing website</li> </ul>		
xi.	Have effective arrangements and a policy for whistleblowing by staff and governing body which it makes easily available and which it promotes.	<p>Whistleblowing Policy in place, approved by the Board and training provided to all staff in 2019.</p> <p>Virtual refresher of whistleblowing training issued in 2020.</p>	<ul style="list-style-type: none"> <li>1<sup>st</sup> – Whistleblowing Policy and procedures</li> <li>1<sup>st</sup> – staff and Board training</li> <li>2<sup>nd</sup> – Policy approved by Board</li> </ul>		
xii.	Make information on reporting significant performance failures, including our leaflet, available to its tenants.	<p>Significant Performance Failures information available online:  <a href="https://www.maryhill.org.uk/our-tenants/performance-service-standards-service-failure">https://www.maryhill.org.uk/our-tenants/performance-service-standards-service-failure</a></p> <p>Significant failures leaflet available in reception.</p>	<ul style="list-style-type: none"> <li>1<sup>st</sup> – Maryhill Housing website</li> </ul>		

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
xiii.	Provide tenants and other service users with the information they need to exercise their right to complain and seek redress, and respond to tenants within the timescales outlined in its service standards, in accordance with guidance from the Scottish Public Services Ombudsman (SPSO).	<p>Information provided to tenants via our website and a paper leaflet available in reception.</p> <p>Complaints performance reported to quarterly assurance Boards including learning from complaints outcomes, comparison with others.</p> <p>Consultation with customers over 250 responses received on reasonable response times to complaints. Changes incorporated into proposed new Customer Charter.</p> <p>New internal targets for complaints timeframes introduced from November 2019.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – complaints leaflet</li> <li>▪ 2<sup>nd</sup> – Complaints Policy approved by Board</li> <li>▪ 2<sup>nd</sup> – Complaints &amp; Other Customer Feedback assurance report</li> </ul>		
xiv.	Ensure it has effective arrangements to learn from complaints and from other tenant and service user feedback, in accordance with SPSO guidance.	<p>Learning from complaints forms in place for staff and learning from complaints group in place. 'You Said, We Did' section in all newsletters and now in customer feedback report for all Assurance Board meetings.</p> <p>Complaints are reported to the Service Improvement Panel and complaints trends are used by the panels to select future Scrutiny Reviews (currently paused due to covid).</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Complaints procedures and forms</li> <li>▪ 2<sup>nd</sup> – Complaints &amp; Other Customer Feedback assurance report</li> </ul>		

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
xv.	<p>Have assurance and evidence that it considers equality and human rights properly when making all of its decisions, in the design and review of internal and external policies, and in its day-to-day service delivery.</p>	<p>Equalities implications section of Board reports in place.</p> <p>Equality impact assessment procedure in place and in use from August 2019.</p> <p>Equality and Diversity Policy in place and refresh currently out for consultation.</p> <p>Equality and Diversity Strategy and action plan in place.</p> <p>Equalities KPIs in place and reported quarterly to Assurance Boards.</p> <p>Toolkit in place for communicating with staff who do not speak or read English. Training provided to staff.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Delivery Plan</li> <li>▪ 2<sup>nd</sup> – Board report cover papers</li> <li>▪ 2<sup>nd</sup> – Equality &amp; Diversity Strategy approved by Board</li> </ul>		
xvi.	<p>To comply with these duties, landlords must collect data relating to each of the protected characteristics for their existing tenants, new tenants, people on waiting lists, governing body members and staff. Local authorities must also collect data on protected characteristics for people who apply to them as homeless. Landlords who provide Gypsy/Traveller sites must collect data on protected characteristics for these service users.</p>	<p>Some equalities data currently collected as required for ARC (ethnicity and disability), but not every protected characteristic group.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – housing application form</li> <li>▪ 1<sup>st</sup> – tenant visit form and procedure</li> <li>▪ 1<sup>st</sup> – equalities data on SDM</li> </ul>	<p>Develop a mechanism to collect and record data on all protected characteristics by August 2022 (<i>Corporate Support Team Delivery Plan</i>)</p>	

	Each landlord must....	How does this happen at Maryhill?	Assurance – lines of defence	Agreed actions	
xvii.	<p>Make publicly available up to date details of:</p> <ul style="list-style-type: none"> <li>• who is on its governing body</li> <li>• the date when they first became a member/office holder</li> <li>• how to become a member of the RSL and of the governing body, and</li> <li>• minutes of governing body meetings.</li> </ul>	<p>Up to date Board Member information available online, as well as contact details for becoming a Board Member.</p> <p><a href="https://www.maryhill.org.uk/about-us/the-maryhill-board/">https://www.maryhill.org.uk/about-us/the-maryhill-board/</a></p> <p><a href="https://www.maryhill.org.uk/about-us/joining-the-association/">https://www.maryhill.org.uk/about-us/joining-the-association/</a></p> <p>Board minutes published online following approval. Updated after each meeting.</p> <p><a href="https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/">https://www.maryhill.org.uk/about-us/board-meetings-and-minutes/</a></p> <p>Audit and Risk committee minutes now available online following approval.</p> <p>Board member nomination forms include explanation of skills required based on the Board review process.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> – Maryhill Housing website</li> </ul>		

<b>REPORT TO:</b>	<b>Board</b>	
<b>DATE OF MEETING:</b>	<b>24<sup>th</sup> February 2022</b>	
<b>AGENDA ITEM:</b>	<b>12</b>	
<b>CONFIDENTIALITY:</b>	<b>Non confidential</b>	
<b>AUTHOR:</b>	<b>Director of Resources / CEO/Performance and Governance Manager</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Director of Resources</b>	

## REPORT TITLE: GOVERNANCE REPORT

### 1. PURPOSE

- 1.1 This report aims to provide Board with an overview of key governance activity. The report updates Board Members on issues that relate to the Association's Rules, its Regulators or the Board, where such items do not require a paper in their own right.

### 2. RECOMMENDATIONS

#### 2.1. Board is asked to:

- **Approve** voluntary leave of absence (*removed as confidential*)
- **Approve** changes to the Board members appointed for recruitment
- **Approve** the following items in respect of Maryhill Living Limited
  - Appointment of Isabella McTaggart as Chair
  - Remit of Maryhill Living Board, with addition of Chair re-election section
  - Opening of a Maryhill Living bank account
  - Authorised signatories for Maryhill Living
- **Note** the remaining items within this report

#### Contents:

1. **Regulatory issues**
2. **Board issues**
3. **Maryhill Living issues**
4. **Other Governance issues**

### 1. REGULATORY ISSUES

#### 1.1 Notifiable events

No new notifiable events have been submitted since the January Board meeting. Board are asked to note that at the time of writing investigations into the potential lift failure notification (as verbally highlighted at January Board) are ongoing. The Regulator has also advised that they will require to be notified if the Board approves granting the Chair a leave of absence. Notifications will be submitted for both items as required.

Remaining open notifiable events are summarised in the table below.

Reference	Date Submitted	Subject	Response from Regulator
1002840	02/10/2018	Render failure	Update December 2020: We note the updates provided and that the association has commissioned a study into options for long term replacement of the render with a final draft report expected before Christmas 2020. We will keep this notifiable open at this stage. Please keep us informed about any key updates in relation to this notifiable event and advise us once the matter has concluded. 11.3.21. SHR leave open. 17.9.21. Further email update requested by the Regulator and issued today. 16.12.21. Further update provided to the Regulator via email. 19.1.22 Meeting with the Regulator. H and S Board Assurance report uploaded to the portal. 20.1.22 Agreed with SHR that quarterly H and S Assurance reports and Audit Action Trackers would be uploaded to the portal. Added to the Governance calendar.
1003364	26-Sep-2019	Common area asbestos records	Asked to see action plan. Provided 11th October 2019. Update Dec 2020: We note the work that has been carried out to date and that the association's approach to asbestos management will be externally tested by Housing Health and Safety compliance between November 2020 and June 2021. We will keep this notifiable event open until the testing has been carried out. Please keep us informed about the outcome of this testing. 11.3.21 SHR leave open until audits complete. 7.7.21. At meeting with Regulator today advised of limited assurance audit report. Agreed I would submit report following August Audit and Risk committee. 16.8.21 Audit report uploaded to the portal and update email sent. 17.9.21. Regulator emailed asking for confirmation when all actions due to be complete. This provided today. 16.12.21. Further update provided to the Regulator by email. 19.1.21 Meeting with the Regulator. H and S Board Assurance report uploaded to the portal. 20.1.22 Agreed with SHR that quarterly H and S Assurance reports and Audit Action Trackers would be uploaded to the portal. Added to the Governance calendar.
1003383	11-Oct-2019	Water safety management	Asked to see fire safety information. Provided. Update Dec 2020: We note the work that has been carried out to date and the association's approach to water safety management will be externally tested by Housing Health and Safety between November 2020 and June 2021. We will keep this notifiable event open until the testing has been carried out. Please keep us informed about the outcome of this testing. 11.3.21. SHR leave open until audits complete. 7.7.21. At meeting with Regulator today agreed I would submit report following August Audit and Risk committee. 16.8.21 update email sent as report won't got to audit and risk until November. 16.12.21. Audit report uploaded to the portal. 19.1.21 Meeting with the Regulator. H and S Board Assurance report uploaded to the portal. 20.1.22 Agreed with SHR that quarterly H and S Assurance reports and Audit Action Trackers would be uploaded to the portal. Added to the Governance calendar.

1004308	29-Jan-2021	Health and safety issue. Potential carbon monoxide poisoning	Regulator responded asking for further details of the incident and steps the Association will take to ensure it does not happen again. CEO responded to confirm this will be contacted in the Board report issued following the 1st March Board meeting. 02.03.21 update. Board report issued. HSE confirmed file closed. 11.3.21. SHR reviewing. May include in engagement plan. 7.7.21. Following meeting with the Regulator today I uploaded today the latest version of the action plan from May Board and June H and S action plan. 16.8.21 Audit report uploaded to the portal and update email sent. 17.9.21. Regulator emailed asking for confirmation when all actions due to be complete. This provided 17.9.21. 16.12.21 Further update provided to the regulaotr via email. 19.1.21 Meeting with the Regulator. H and S Board Assurance report uploaded to the portal.
22064	15-Mar-2021	Weak assurance in electrical safety audit result	16.03.21. SHR asked to be informed when action plan is complete.7.7.21. Following meeting with the Regulator today I uploaded today the latest version of the action plan from June - H and S action plan as appended to June H and S Board report. 17.9.21. Further email update requested by the Regulator and issued 17/9/21. 16.12.21. Further update provided to the Regulator via email.19.1.21 Meeting with the Regulator. H and S Board Assurance report uploaded to the portal. 20.1.22 Agreed with SHR that quarterly H and S Assurance reports and Audit Action Trackers would be uploaded to the portal. Added to the Governance calendar.
22250	03-Aug-2021	Payments made on the basis of fraudulent receipts	Note: incident dates back to Spring 2020. Delay in notifying the Regulator.
22277	20-Aug-2021	Cyber Incident – data Breach reportable to the ICO	SHR asked for confirmation that no financial loss (correct) and that we have cyber incident insurance cover in place (we do); whether we are carrying out any further assessment and management of risks in relation to cyber incidents (a further learning from incidents meeting is to take place); confirmation requested that we have actioned all recommendations from our incident report (TBC); advising of any media interest (none so far); advising of ICO response (response received 20/9/21 saying no further action as not viewing it as a breach); confirmation if further investigation established if any data loss (our further investigations concluded no data loss occurred).
22282	24-Aug-2021	Additional leased properties	
22306	10-Sep-2021	connectivity issues	
22387	28-Oct-2021	Incorrect EICRs	11.11.21 SHR asked for what risk this issued posed to the Association and its tenants and what steps we are putting in place to ensure this does not happen again. Agreed that a statement would be provided by the Association's H and S advisers to the November Board and submitting to SHR. SHR also confirmed that they think they should have been notified of the issue as soon as we were aware of it (in August) instead of waititng until we understood the scale of the problem. 16.12.21. CEO report and H and S statement uploaded to the portal. Update provided to the Regulator via emai. 19.1.22.

			Meeting with the Regulator and update on number of outstanding EICRs (circa 200) provided.
22491	15-Dec-2021	Negative press - sexual harassment investigation	16.12.21 SHR asked for links between other notifiable events and timeframes for the investigation. Information provided on 17.1.22. Further clarification and information provided 9.2.22

**1.2 Regulatory Correspondence**

No items of Regulatory correspondence have been received.

**2. BOARD ISSUES**

**2.1 Delegated decisions taken by the Chair**

No delegated decisions have been taken by the Chair.

**2.2 Potential breaches of the Board Member Code of Conduct**

There are no potential breaches to report.

**2.3 Board member leave of absence**

*Removed as confidential.*

**2.4 Board member commitments**

The table at **Appendix 1** provides an overview of individual Board members' commitments across the Association's activities.

**2.5 Board recruitment**



At September Board LF, JC and IM were appointed as the Board recruitment panel for the current round of recruitment. At January Board PI also volunteered to be involved in the interview panel due to other Board members commitments. Due to current leave of absence and also involvement in ongoing disciplinary matters, Board are requested to review and approve new appointments.

It has not been possible to progress the interview of tenant member applicant Viola McDade during February. It is hoped we can progress this in early March and depending on the outcome of the interview Viola will then be invited to observe the March Board meeting.

There are 3 further tenants who have expressed an interest in joining the Board and have been issued with information packs, one has since requested an application form. We will continue to link in with these tenants to progress.

### **3. MARYHILL LIVING ISSUES**

**3.1** At the Maryhill Living Board on 7<sup>th</sup> February, Isabella McTaggart was proposed for appointment as Chair of the Maryhill Living Board. This appointment requires approval by Maryhill Housing Board, and Board are recommended to approve this appointment.

**3.2** The Remit for the Maryhill Living Board was considered at the November meeting of Maryhill Living. This is presented to today's meeting for final approval. This version now contains the new Maryhill Living logo. An addition to section 3.2 of the remit has been added, regarding Chair appointments, this is shown as a tracked change in the attached remit at Appendix 3. This amendment has not been discussed with Maryhill Living Board, but its purpose is to provide clarity on the appointment which was not covered by the original version of the Remit. Board are recommended to approve the attached revised Remit as the final version.

**3.3** Board are asked to approve the opening of a bank account for Maryhill Living Limited with Royal Bank of Scotland. This will be progressed by the Head of Finance with the intention of the bank account being operational after 1<sup>st</sup> April 2022.

**3.4** Board are asked to approve the authorised signatories for Maryhill Living Limited as Isabella McTaggart as Chair and Rebecca Wilson as Company Secretary.

### **4. OTHER GOVERNANCE ISSUES**

#### **4.1 Updates on delegated authority granted to staff**

There is currently one matter which Board have given delegated authority to staff on, as shown in Appendix 2. There has been no action taken in respect of this delegated authority since the last Governance report.

#### **4.2 Updates on delegated authority to Committees**

There are currently no live delegations to Committee, as shown in Appendix 2 and subsequently no delegated authority actions were taken by Committee since the last report.

## Appendix 1 – Board Member Current Commitments - Date of latest Update: 15 February 2022

NAME	Office Bearer	MHA Board	Audit & Risk	Staffing Panel	Hub Board	ML Board	Other Commitments
Lindsay Forrest	Chair	Yes	Yes			Yes	Member of Board Member Interview Panel Can be part of Staffing Panel if required ████████████████████
Paul Imrie	Vice Chair	Yes	Yes	Yes			Member of Board Member Interview Panel Member of Tenant Service Improvement Group RTO Currently Acting Chair covering Lindsay's absence Possibly to be involved in current Disciplinary Process with Staffing Panel
Roger Popplewell		Yes	Yes			Yes	
Caitlyn Maccabe		Yes					
Colin O'Hara		Yes					
Isabella McTaggart	Maryhill Living Chair	Yes		Yes	Yes	Yes	Member of Board Member Interview Panel Chair of Glenavon RTO Member of Maryhill and Summerston CC Member of TRA local delivery group Possibly to be involved in current Disciplinary Process with Staffing Panel
Jenny Crowe		Yes		Yes			Member of Board Member Interview Panel Volunteered for in-house working group Currently involved in Disciplinary Process with Staffing Panel
Raphael Rickson		Yes			Yes		████████████████████
Tim Holmes		Yes		Yes			Volunteered for in-house working group Currently involved in Disciplinary Process with Staffing Panel
Valerie Wilson	Audit & Risk Chair	Yes	Yes				
John McCann		Yes					Chair of Valley & Locks Residents Association Member of TRA local delivery group Neighbourhood Improvement Volunteer with Community Safety Glasgow
Louise Wilson						Yes	
Pauline Munro						Yes	

## Appendix 2 - Specific Delegations of Authority out with Standing Orders

Details of Delegation Granted	Meeting Granted At	Delegation Granted To	Delegation Valid To
<p>North Maryhill land transfer – areas around the blocks.</p> <p>Board approved the transfer of land as set out at in Item 6, section 4.7 and Appendix A from Glasgow City Council to Maryhill Housing as long as the annual additional cost to maintain these areas does not exceed £2000 per annum and no significant health and safety concerns are raised by the Association’s play park inspections contractor.</p>	6 July 2020 Board Meeting	Chief Executive	Ongoing
Refixing of £3.4m of loan borrowing	June 2021 Board Meeting	Audit & Risk Committee	November 2021



**MARYHILL LIVING LIMITED  
BOARD OF MANAGEMENT REMIT  
as at September 2021**

**1. Role**

- 1.1. Maryhill Living Limited (MLL) is a subsidiary of Maryhill Housing Association Limited (the Parent).
- 1.2. MLL is a company governed by the Companies Act 2006 which specifies the following seven duties of company Directors:
  - Duty to act within powers
  - Duty to promote the success of the company
  - Duty to exercise independent judgment
  - Duty to exercise reasonable care, skill and diligence
  - Duty to avoid conflicts of interest
  - Duty not to accept benefits from third parties
  - Duty to declare interest in proposed transaction or arrangement
- 1.3. All members of MLL's Board of Management are registered Directors with Companies House and must therefore act and take decisions in line with these seven duties.
- 1.4. MLL's Board of Management must also act within the scope of the Intra-Group Agreement with the Parent. This sets out the responsibilities which sit with MLL and those which are reserved to the Parent. Where there is any doubt about the extent of MLL's responsibilities, the matter should be referred to the Parent Board for decision.
- 1.5. The Parent is the sole shareholder of MLL and may, by special resolution, direct the directors of MLL to take, or refrain from taking, specified action.

**2. Constitution**

- 2.1. MLL's Board of Management will:
  - act in accordance with the companies Memorandum & Articles of Association
  - act in accordance with the Intra-Group Agreement
  - act in accordance with the Group Standing Orders
  - have sufficient authority and resources, including the right of access to obtain all the information it considers necessary and to consult with any professional advisors it considers necessary to deliver on its responsibilities within the scope of the Intra-Group Agreement

### **3. Membership**

- 3.1. MLL's Board of Management will comprise of a maximum of five Directors, three being Parent Board members and two places reserved for independent members
- 3.2. The Parent will appoint the Chair of MLL's Board. The appointment of Chair will be reviewed and confirmed at least once each year, normally at the November Board meeting. The Parent will give consideration to any recommendation from MLL's Board for Chair appointment, although is not bound by this. There is no time limit on how long a Chair can continue to serve, however The Parent may set a time limit at its discretion.
- 3.3. The Chair shall have a casting vote.
- 3.4. In the event the Chair is absent from a meeting, the other Directors will select one of their number to chair the meeting, who shall be entitled to use the casting vote.
- 3.5. The Company Secretary of the Parent shall also be the Company Secretary of MLL.
- 3.6. The Director of Operations will support and advise the Board of Management, and will act as principal advisor and liaise with the Chair over the preparation of the agenda, minutes and papers.
- 3.7. Other Maryhill Housing officers, and other external advisors, may attend meetings in full or for particular agenda items as required. Any person in attendance at meetings will leave the meeting at the request of the Chair in relation to relevant agenda items.

### **4. Meetings**

- 4.1. The Board of Management will meet at least four times per year, as required by the cycle of performance reports, business plans and financial reports and on such dates and times as determined by the Parent.

### **5. Quorum**

- 5.1. A quorum will be not less than three Directors.

### **6. Agenda, Minutes and Reporting**

- 6.1. The agendas for meetings will be agreed with the Chair and will be circulated, electronically, to all Directors, together with appropriate reports, seven days before a meeting.

- 6.2. Minutes of all MLL Board of Management meetings shall be produced and will be presented to the next Board of Management meeting for approval and signature as a true record.
- 6.3. Any matter that is referred to the Parent Board for approval or decision will be subject of a separate paper that will be prepared and circulated with the Parent Board papers.
- 6.4. A full copy of the minutes of each Board of Management meeting will be provided to all Parent Board members.

## **7. Key Responsibilities**

The MLL Board of Management is responsible for:

- Developing a Business Plan and Budget for MLL, in line with Group strategy
- Implementing and monitoring the delivery of the Business Plan and Budget once approved by the Parent
- Monitoring performance of services provided to MLL customers in line with agreed Key Performance Indicators (KPIs)
- Receiving reports on and responsibility for monitoring delivery of any actions arising from external and internal audit reports, health & safety audits and any other management reports

The Parent Board is responsible for:

- Review and approving the MLL Business Plan and Budget
- Monitoring and supporting the delivery of MLL's Business Plan and Budget

## **8. Review of Remit**

- 8.1. This remit shall be reviewed and amended at least every three years.
- 8.2. Proposed changes to the remit will be presented to the Parent Board for approval.

## Agenda - 24 February 2022

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**1**                    **Welcome**  
18:30, 2 min  
*Paul Imrie*

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**2**                    **Approval of Board Minutes - 31st January 2022**  
18:32, 2 min  
*Paul Imrie*

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**3**                    **Action Tracker**  
18:34, 2 min  
*Paul Imrie*

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**4**                    **Feedback and Approvals from Audit & Risk Committee**  
18:36, 2 min  
*Valerie Wilson*

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**5**                    **Feedback from Training/ Events**  
18:38, 2 min  
*Paul Imrie*

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**6**                    **Key Projects for 2022/23 and Resourcing**  
18:40, 10 min  
*Bryony Willett*

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**7**                    **Remote Working Policy**  
18:50, 10 min  
*Bryony Willett*

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**8**                    **Salary Sacrifice Policy**  
19:00, 5 min  
*Marie Murphy*

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**9**                      **COVID Impact Analysis & Relaunch**

19:05, 5 min  
*Rebecca Wilson*

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**10**                     **Assurance**

19:10, 30 min  
*Bryony Willett, Jennifer Simon, Rebecca Wilson, Joanne Reid, Karen Fee*

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**11**                     **CEO Report**

19:40, 5 min  
*Bryony Willett*

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**12**                     **Governance Report**

19:45, 5 min  
*Rebecca Wilson*

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**13**                     **Corporate Review**

19:50, 15 min  
*Rebecca Wilson*

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**14**                     **Meeting Review**

20:05, 5 min  
*Paul Imrie, Roger Popplewell, Tim Holmes, John McCann, Isabella McTaggart, Jenny Crowe, Caitlyn Maccabe, Valerie Wilson*

# Table of contents

24/02/2022 18:30 - 20:30

---

<b>1 - Welcome</b>	<b>1</b>
<hr/>	
<b>2 - Approval of Board Minutes - 31st January 2022</b>	<b>2</b>
<hr/>	
<b>3 - Action Tracker</b>	<b>3</b>
<hr/>	
<b>Attachments</b>	
3. Action Tracker February 2022	-214
<b>4 - Feedback and Approvals from Audit &amp; Risk Committee</b>	<b>4</b>
<hr/>	
<b>5 - Feedback from Training/ Events</b>	<b>5</b>
<hr/>	
<b>6 - Key Projects for 2022/23 and Resourcing</b>	<b>6</b>
<hr/>	
<b>7 - Remote Working Policy</b>	<b>7</b>
<hr/>	
<b>Attachments</b>	
7. Draft Remote Working Board Report	-210
7.1 Remote Working Policy	-205
7.2 Draft Equality Impact Assessment-Remote Working policy	-200
<b>8 - Salary Sacrifice Policy</b>	<b>8</b>
<hr/>	
<b>Attachments</b>	
8. Salary Sacrifice Board Report	-197
8.1 Draft Salary Sacrifice Policy	-195
<b>9 - COVID Impact Analysis &amp; Relaunch</b>	<b>9</b>
<hr/>	
<b>Attachments</b>	
9.1 Covid Appendix A - COVID-19 Business Continuity Update	-193
9.2 Covid Appendix B - Services summary from 3rd February	-192
9. COVID impact and relaunch cover- Feb 2022	-191
<b>10 - Assurance</b>	<b>10</b>
<hr/>	
<b>Attachments</b>	
10. Our Overall Assurance Position (required reading)	-189
10A. Assurance Framework Dashboard February 2022 (required reading)	-183
10B. Q3 Performance Report 2021-22 (required reading)	-180
10C. Q3 Complaints and Customer Feedback (required reading)	-173

10D.1 Appendix 1 Summary Variance Report December 21 (required reading)	-168
10D.2 Appendix 2 Summary Income _ Expenditure Report December 2021 (requir~	-159
10D.3 Appendix 3 MHA Visual December 2021 (required reading)	-158
10E. H and S Assurance report, v2 (required reading)	-150
10E.1 H and S Assurance report, Appendix A - Forum Action Plan (as of Feb~	-140
10F Risk Register - Directors Review 20 January 2022- Extract for Board (r~	-113
10G. Investment Programme Update (Feb) 2021-2022 (additional reading)	-105
10H. Development Assurance Feb 22	-95
10I. Governance Effectiveness Plan 2021-22 - Q3 update (additional reading)	-90
10J. Delivery Plan 2021-22 - Q3 update (additional reading)	-85
10K. Full Assurance Framework February 2022 (additional reading)	-76
<b>11 - CEO Report</b>	<b>12</b>
<hr/>	
<b>12 - Governance Report</b>	<b>13</b>
<hr/>	
<b>Attachments</b>	
12. Governance Report	-12
12.1 Governance Report - Appendix 3 - Maryhill Living Ltd - Board of Manag~	-5
<b>13 - Corporate Review</b>	<b>14</b>
<hr/>	
<b>14 - Meeting Review</b>	<b>15</b>
<hr/>	

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## 1 - Welcome

*Paul Imrie*

- Apologies
- Declaration of Interests

| For Information

2 - Approval of Board Minutes - 31st January  
2022

*Paul Imrie*

| For Decision

## 3 - Action Tracker

*Paul Imrie*

| For Decision

### **Attachments**

[3. Action Tracker February 2022.docx](#)

4

18:36, 2 min

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## 4 - Feedback and Approvals from Audit & Risk Committee

*Valerie Wilson*

Verbal Update

| For Information

## 5 - Feedback from Training/ Events

*Paul Imrie*

Verbal Update

| For Information

6 - Key Projects for 2022/23 and Resourcing

*Bryony Willett*

| For Decision

---

## 7 - Remote Working Policy

*Bryony Willett*

| For Decision

### **Attachments**

[7. Draft Remote Working Board Report.pdf](#)

[7.1 Remote Working Policy.docx](#)

[7.2 Draft Equality Impact Assessment-Remote Working policy.docx](#)

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## 8 - Salary Sacrifice Policy

*Marie Murphy*

| For Decision

### **Attachments**

[8. Salary Sacrifice Board Report.docx](#)

[8.1 Draft Salary Sacrifice Policy.docx](#)

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## 9 - COVID Impact Analysis & Relaunch

*Rebecca Wilson*

| For Decision

### **Attachments**

[9.1 Covid Appendix A - COVID-19 Business Continuity Update.docx](#)

[9.2 Covid Appendix B - Services summary from 3rd February.docx](#)

[9. COVID impact and relaunch cover- Feb 2022.docx](#)

## 10 - Assurance

*Bryony Willett,  
Jennifer Simon,  
Rebecca Wilson,  
Joanne Reid, Karen  
Fee*

- A. Assurance Dashboard (required reading) - BW
- B. Performance (required reading) - JS
- C. Complaints and Customer Feedback (required reading) - JR
- D. Financial Management (required reading) - KF
- E. Health and Safety (required reading) - BW
- F. Risk Management (required reading) - RW
- G. Investment Programme (additional reading)
- H. Development Programme (additional reading)
- I. Governance Effectiveness Plan (additional reading)
- J. Delivery Plan (additional reading)
- K. Full Assurance Framework (additional reading)

| For Discussion

### Attachments

- [10. Our Overall Assurance Position \(required reading\).docx](#)
- [10A. Assurance Framework Dashboard February 2022 \(required reading\).docx](#)
- [10B. Q3 Performance Report 2021-22 \(required reading\).docx](#)
- [10C. Q3 Complaints and Customer Feedback \(required reading\).docx](#)
- [10D.1 Appendix 1 Summary Variance Report December 21 \(required reading\).docx](#)
- [10D.2 Appendix 2 Summary Income \\_ Expenditure Report December 2021 \(required reading\).pdf](#)
- [10D.3 Appendix 3 MHA Visual December 2021 \(required reading\).docx](#)
- [10E. H and S Assurance report, v2 \(required reading\).docx](#)
- [10E.1 H and S Assurance report, Appendix A - Forum Action Plan \(as of Feb-2022\).docx](#)
- [10F Risk Register - Directors Review 20 January 2022- Extract for Board \(required reading\).docx](#)
- [10G. Investment Programme Update \(Feb\) 2021-2022 \(additional reading\).docx](#)

[10H. Development Assurance Feb 22.docx](#)

[10I. Governance Effectiveness Plan 2021-22 - Q3 update \(additional reading\).docx](#)

[10J. Delivery Plan 2021-22 - Q3 update \(additional reading\).pdf](#)

[10K. Full Assurance Framework February 2022 \(additional reading\).docx](#)

11

19:40, 5 min

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11 - CEO Report

*Bryony Willett*

| For Decision

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## 12 - Governance Report

*Rebecca Wilson*

| For Decision

### **Attachments**

[12. Governance Report.docx](#)

[12.1 Governance Report - Appendix 3 - Maryhill Living Ltd - Board of Manag-.docx](#)

13

19:50, 15 min

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## 13 - Corporate Review

*Rebecca Wilson*

Staff structure report (confidential - sent separately)

| For Decision

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## 14 - Meeting Review

*Paul Imrie, Roger  
Poplewell, Tim  
Holmes, John  
McCann, Isabella  
McTaggart, Jenny  
Crowe, Caitlyn  
Maccabe, Valerie  
Wilson*

| For Discussion